

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068154

1. Entity Name

MEGA FUNDING, INC.

FILED

00 JAN 25 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

517 W. COLONIAL DR.
ORLANDO FL 32804

Mailing Address

517 W. COLONIAL DR.
ORLANDO FL 32804-6803

2. Principal Place of Business

Suite, Apt. #, etc.

Same

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

City & State

4. FEI Number 59-3527773

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, ANTHONY
517 W. COLONIAL DR.
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Same

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P SUAREZ, ANTHONY 517 W. COLONIAL DR. ORLANDO FL 32804 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P Joseph V. Turell 517 W. Colonial Dr. Orlando, FL 32804 ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 (407) 422-2611
Date Daytime Phone #