

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

07-06-2001 90206 009 ***150.00
09-11-2001 90004 021 ***400.00

DOCUMENT # F00000004702

1. Entity Name
AFFORDABLE FUNDING, INC.

Principal Place of Business
**5711 SIX FORKS ROAD SUITE 201
RALEIGH NC 27609**

Mailing Address
**553-D PYLON DRIVE
RALEIGH NC 27606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1704786**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURGESS, BARBARA P
11129 HARBOUR ESTATES CIRCLE
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

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

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BURGESS, JEFFREY P**
STREET ADDRESS **3620 RANLO DRIVE**
CITY-ST-ZIP **RALEIGH NC 27612**

TITLE **V** ☐ Delete
NAME **ISEMONGER, DENNIS**
STREET ADDRESS **409 CHADWICK DRIVE**
CITY-ST-ZIP **RALEIGH NC 27609**

TITLE **S** ☐ Delete
NAME **NEVILLE, PAM**
STREET ADDRESS **8317 WYCOMBE LANE**
CITY-ST-ZIP **RALEIGH NC 27615**

TITLE **T** ☐ Delete
NAME **NEVILLE, CHRISTY**
STREET ADDRESS **124 MOSS ROAD**
CITY-ST-ZIP **CREEDMOOR NC 27522**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/01

CR2E034 (5/01)