

DOCUMENT # F99000005328

1. Entity Name  
FIDUCIARY FUNDING, INC.

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90025 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2010 DELTA BLVD.  
TALLAHASSEE FL 32303

Mailing Address  
2010 DELTA BLVD.  
TALLAHASSEE FL 32303

2. Principal Place of Business  
2436 BASS BAY DR  
Suite, Apt. #, etc.

3. Mailing Address  
2436 BASS BAY DR  
Suite, Apt. #, etc.

City & State  
TALLAHASSEE FL  
Zip  
32312  
Country  
USA

City & State  
TALLAHASSEE FL  
Zip  
32312  
Country  
USA

4. FEI Number 65-0466448  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00  
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 CD  
NAME CONNERS, W. PATRICK  
STREET ADDRESS 43 COTTON DIKE CT.  
CITY-ST-ZIP DATAW ISLAND SC 29920 ☐ Delete

TITLE DT  
NAME SZCZESNY, PAMELA  
STREET ADDRESS 986 BELL FLOWER CT.  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE SVS  
NAME FISHER, JON A  
STREET ADDRESS 2436 BASS BAY DR.  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ 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 ☐ Change ☐ Addition

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

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

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

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

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

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jon A Fisher JON A FISHER 1-9-2001 850 894 9951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)