

2001 UNIFORM BUSINESS REPORT (UBR)

5/3/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-03-2001 91126 018 ***150.00

DOCUMENT # P00000042140

1. Entity Name

UNIVERSAL MORTGAGE FUNDING, INC.

Principal Place of Business

261 S. TAMiami TRAIL
 NOKOMIS FL 34275

Mailing Address

261 S. TAMiami TRAIL
 NOKOMIS FL 34275

74254

2. Principal Place of Business

1531 S. Tamiami Trl

3. Mailing Address

1531 S. Tamiami Trl

Suite, Apt. #, etc.

703

Suite, Apt. #, etc.

703

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

05-1003202

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, D.

~~261 S. TAMiami TRAIL~~
 NOKOMIS FL 34275

1531 S. Tamiami
 # 703
 Venice FL 34292

7. Name and Address of New Registered Agent

Name D. Jacobs

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

1531 S. Tamiami Trl # 703

City Venice

FL

Zip Code 34292

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

Donald Jacobs

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

(NOTE: Registered Agent signature required when restateing)

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 \$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	D	<input type="checkbox"/> Delete
NAME	JACOBS, D.	
STREET ADDRESS	261 S. TAMiami TRAIL	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, D.	
STREET ADDRESS	1531 S. Tamiami Trl # 703	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Donald Jacobs

Donald Jacobs

4-27-01

941-497-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)