

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90431 031 ***150.00

DOCUMENT # P00000105641

1. Entity Name
YOUNG MORTGAGE FUNDING, INC.



Principal Place of Business
**8910 NORTH DALE MABRY HWY.
SUITE 12
TAMPA FL 33614**

Mailing Address
**8910 NORTH DALE MABRY HWY.
SUITE 12
TAMPA FL 33614**



2. Principal Place of Business
1502 W. Fletcher Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 113

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State

Zip
33612 Country
USA

Zip Country

4. FEI Number
59-3674793

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANKSTON, DAVID
8910 DALE MABRY #12
TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
YOUNG, STEVEN R
8910 NORTH DALE MABRY HWY. SUITE 12
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Young, Steven R.
1502 W. Fletcher Ave., Suite 113
Tampa, Florida 33612** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BANKSTON, DAVID A
8910 NORTH DALE MABRY HWY. SUITE 12
TAMPA FL 33614** ☐ Delete

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if 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

2/26/03 813/990-8120

Date

Daytime Phone #

CR2E034 (10/02)