

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0182857 AV

DOCUMENT # P01000028600

1. Entity Name
ACROPOLIS MORTGAGE FUNDING, INC.



Principal Place of Business
700 E. ATLANTIC BLVD.
201
POMPANO BEACH FL 33060

Mailing Address
700 E. ATLANTIC BLVD.
201
POMPANO BEACH FL 33060

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 65-1087003

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

CUMMINGS, HOWARD B
~~3080 N. COURSE DRIVE #108~~
~~POMPANO BEACH FL 33069~~

Name

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

272 E. WILDWOOD LANE

City

DEERFIELD BEACH

FL

Zip Code

33442

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)

4/27/03
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 PD
NAME CUMMINGS, HOWARD B
STREET ADDRESS 3080 N. COURSE DRIVE #108
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 272 E. WILDWOOD LANE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VTD
NAME ROLLO, WILLIAM B
STREET ADDRESS 901 SE 14TH STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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 4/27/03 (954) 784-7883 Date Daytime Phone #

CR2E034 (10/02)