FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90977 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000032760

1. Entity Name
FLORIDIAN FUNDING, INC.

11021844

Principal Place of Business	Mailing Address
~~10925 BRONSON ROAD CLERMONT, FL 34711~~ 505 S. DILLARD ST. WINTER GARDEN, FL. 34787	~~10925 BRONCON ROAD CLERMONT, FL 34711~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
505 S. DILLARD ST.	505 S. DILLARD ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL.	City & State: WINTER GARDEN, FL.
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. FEI Number: 35-2161511 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDAN, EDWARD P II 13643 EAST HIGHWAY 50 CLERMONT, FL 34711	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING FEE: $150.00
After May 1, 2003 Fee will be $400.00
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	D RIDGE, RYAN R ~~10925 BRONSON ROAD CLERMONT, FL 34711~~ 505 S. DILLARD ST. WINTER GARDEN, FL 34787 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATHIE, ROLF 505 S. DILLARD ST. WINTER GARDEN, FL. 34787 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____ 4/21/03 4076545559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #