

DOCUMENT # P02000070534

1. Entity Name
RAPID FUNDING, INC.

Principal Place of Business

8231 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33437

Mailing Address

8231 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33437

54015569



03012004 No Chg-Pol CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3857279Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33437DO NOT WRITE
IN THIS SPACE

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, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE D
NAME PINKWASSER, ALAN
STREET ADDRESS 8231 MUIRHEAD CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437TITLE D
NAME GROSSER, LARRY
STREET ADDRESS 8541 LAWSON CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

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

Date

Daytime Phone #