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05-13-2003 90056 007 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000102423  
 1. Entity Name  
 NATIONWIDE DOWN PAYMENT FUNDING, INC.



Principal Place of Business  
 7122 SEMINOLE BLVD  
 SEMINOLE, FL 33772

Mailing Address  
 7122 SEMINOLE BLVD  
 SEMINOLE, FL 33772

55046667

2. Principal Place of Business  
 8600 113<sup>rd</sup> ST. N.

3. Mailing Address  
 8600 113<sup>rd</sup> ST. N.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number  
 30-0122200

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SPIEGEL & UTRERA, P.A.  
 1840 SW 22 ST 4 FLOOR  
 MIAMI, FL 33146

7. Name and Address of New Registered Agent

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 re-registering)

FILED WITH FEE \$150.00  
 After May 15, 2003, Fee will be \$50.00  
 MAIL CHARGE: Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYCKOFF, MIKE 7122 SEMINOLE BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARDY, CHRISTAL A 7122 SEMINOLE BLVD. SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROGIE, CHRISTINE L 7122 SEMINOLE BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VARDY, HAROLD C 7122 SEMINOLE BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	8600 113 <sup>rd</sup> ST. N.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	8600 113 <sup>rd</sup> ST. N.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Brogie, Christine L. 8600 113 <sup>rd</sup> ST. N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D 8600 113 <sup>rd</sup> ST. N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D DAVID F. LYONS 8600 113 <sup>rd</sup> ST. N. SEMINOLE, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Christine L. Brogie* 5-5-03 727-393-8155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Phone #

CR2E034 (10/02)

Attachment



[REDACTED]  
P02000102423  
35046667

May 6, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Nationwide Down Payment Funding, Inc.

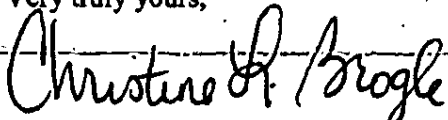
Gentlemen:

It has just come to my attention that we did not receive and therefore did not file our 2003 Uniform Business Report (UBR). I have gone to your web site and printed the UBR and have made the appropriate changes.

As you can see, our address changed to 8600 113<sup>th</sup> Street N., Seminole, FL 33772. I do not understand why the post office did not forward the original form.

Please accept the enclosed 2003 UBR and our check in the amount of \$150.00 as full payment and reinstate our corporation without penalty.

Very truly yours,

  
Christine L. Brogle, CEO

8600 113<sup>th</sup> Street North  
Seminole, Florida 33772