Amend

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000009202

1. Entity Name: Neighborhood Funding, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 14 PM 4:53

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2. Principal Place of Business	3. Mailing Address
3049 Cleveland Ave	3049 Cleveland Ave
Suite, Apt. #, etc: Suite 234	Suite, Apt. #, etc: Suite 234
City & State: Ft. Myers, FL	City & State: Ft. Myers, FL
Zip: 33901 Country: USA	Zip: 33901 Country: USA

4. FEI Number: X Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Patricia A. O'Neill

Street Address (P.O. Box Number is Not Acceptable): 5120 SW 18th Ave

City: Cape Coral FL Zip Code: 33914

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: James L. O'Neill, Sr. 5120 SW 18th Ave Cape Coral, FL 33914 DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D Patricia A. O'Neill 3049 Cleveland Ave Ste 234 Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D James L. O'Neill, Sr. 3049 Cleveland Ave Ste 234 Ft. Myers, FL 33901
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. O'Neill 3/12/03 239-461-0499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #