

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90012 005 ***150.00

DOCUMENT # P03000093365

1. Entity Name
UNIVERSAL FUNDING MORTGAGE, INC.



Principal Place of Business
**2606 GOLD DUST CIRCLE
KISSIMMEE, FL 34744**

Mailing Address
**PO BOX 779573
ORLANDO, FL 32877**

54032396



2. Principal Place of Business
2600 Gold Dust Circle
Suite, Apt. #, etc.

3. Mailing Address
717 East Oak Street
Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State
Kissimmee, FL
Zip
34744

Country
US

City & State
Kissimmee, FL
Zip
34744

Country
US

4. FEI Number
56-2393689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRADSHAW, BLANKY M
2606 GOLD DUST CIRCLE
KISSIMMEE, FL 34744**

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

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 \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMIREZ, ANTONIO R	
STREET ADDRESS	2606 GOLD DUST CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRADSHAW, BLANKY M	
STREET ADDRESS	2606 GOLD DUST CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	RAMIREZ, MAYRA I	
STREET ADDRESS	2606 GOLD DUST CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 32877	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	HERRERA, MARANGELY	
STREET ADDRESS	2606 GOLD DUST CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Blanky Bradshaw

4/7/04

Date

Daytime Phone #