

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90160 048 ***158.75

DOCUMENT # P04229



1. Entity Name
SECURITY FUNDING CORPORATION

Principal Place of Business
**5610 LAVON WAY
ORLANDO FL 32808
US**

Mailing Address
**P.O. BOX 585087
ORLANDO FL 32858-5087**



2. Principal Place of Business
314 Hawthorne Hills Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

City & State

Orlando, FL

Zip
32835

Country

Zip

Country

4. FEI Number **36-2425375**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **STIFF, GEOFFREY S**
STREET ADDRESS **25716 SE 32ND PLACE**
CITY-ST-ZIP **USSAQUAH WA 98027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPG** ☐ Delete
NAME **JOPPA, GLENN**
STREET ADDRESS **9650 WILD OAK DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVC** ☐ Delete
NAME **STONESIFER, TIMOTHY C**
STREET ADDRESS **5137 SUN PALM DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FETTERHOFT, LOREN L** **Wren**
STREET ADDRESS **5610 LAVON WAY**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☒ Change ☐ Addition
NAME **314 Hawthorne Hills Place,**
STREET ADDRESS **Apt. 101**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE **DPC** ☐ Delete
NAME **MARINELLO, KATHRYN**
STREET ADDRESS **200 N MARTINGALE RD**
CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Wren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03 407-313-4543

Date

Daytime Phone #

CR2E034 (10/02)