## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 09, 2002 8:00 am Secrétary of State P95000040924 DOCUMENT # 1. Entity Name 07-09-2002 90026 027 \*\*\*150.00 ALL FUNDING MORTGAGE CORP. Mailing Address Principal Place of Business 80127474 4021 W WATERS AVE 1111 N WESTSHORE BLVD TAMPA FL 19887 33614 TAMPA FL 33607 402 3. Mailing Address Principal Place of Business W. WATERS 4021 W. WATERS AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3315652 TAMPA Not Applicable TAMPA Country 4. 5. A Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33634 614 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STODDARD, MELISSA Street Address (P.O. Box Number is Not Acceptable) 4021 W WATERS AVE **TAMPA FL 33614** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE ST**O**DDARD, MELISSA NAME NAME STREET ADDRESS 4021 W. WATERS AVENUE STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachin

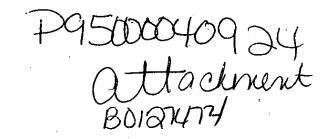
CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

**FILED** 



July 1, 2002

To Florida Dept of State:

Please except my apology for not filing on time. But with my busy work schedule did not realize that I did not receive the filing form until today when I received the one asking for \$550.00. I called the Florida Department of State and was told to write this letter to see if you would consider accepting the \$150.00 since I have never be late for the inception of my business.

Thank you for your consideration in this matter...

Sincerely,

Melissa Stoddard