

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90026 027 ***150.00

DOCUMENT # P95000040924

1. Entity Name
ALL FUNDING MORTGAGE CORP.

Principal Place of Business

~~1111 N WESTSHORE BLVD~~

~~#414~~

~~TAMPA FL 33607~~

4021 W. Waters Ave
Tampa, FL 33614

Mailing Address

4021 W WATERS AVE

TAMPA FL 33614

80127474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4021 W. WATERS AVE

3. Mailing Address

4021 W. WATERS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3315652**

Applied For

Not Applicable

Zip
33614

Country
USA

Zip
33614

Country
U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STODDARD, MELISSA
4021 W WATERS AVE
TAMPA FL 33614

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

Melissa Stoddard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STODDARD, MELISSA 4021 W. WATERS AVENUE TAMPA FL 33614	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 empowered 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 attachment with an address, with all other like empowered.

SIGNATURE:

Melissa Stoddard

6/28/02

Date

Daytime Phone #

CR2E034 (4/02)

P9500040924
Attachment
B0127474

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