1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000030951 1. Corporation Name

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

UNITED CAPITAL FUNDING CORP.

Principal Place of Business	Mailing Address
SOI FIRST AVE N 809 ST PERERSBURG FL 33701 US	501 FIRST AVE N 609 ST PETERSBURG FL 33701 US
2. Principal Place of Business 21 475 CENTRAL AVE Suite, Apt. #, etc. 22 SUITE 202	26. Mailing Address 26. 475 CENTRAL AVE Suite, Apt #, etc. 27. SUITE 262
City & State 23 ST PETERS OURG. FL	City & State 28 ST PETERSBURG FL
Zip Country	Zip Country
24 33701 25 U.S.	29 33701 30 U.S
9. Name and Address of Current F	legistered Agent
CURLEY, GERARD J	81 Name 82 Street Add

FILED

99 FEB - 1 AM 10: 01:

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

 \Box

Applied For

Fee Required

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed 04/04/1997 4. FEI Number

5. Certifcate of Status Desired

59-3452610

City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
	ethesburg, Fl	28 ST PETERSBU		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
3370		29 33701 31	U.S.	Personal Property Tax. [] Yes [] No	
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered Agent	
501 SUIT	ley, gerard J First ave n E 624 Petersburg FL 33701		81 Name 82 Street / 83	LURLEY, CZRARD S. Address (P.O. Box Number is Not Acceptable) TS CENTRAL AVE SUITE ZCZ [85] Zip Code	
			\$7.P	FIERS BURG, FL 3370	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE Signature, typed or painted name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating). DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[] DELETE	1.1 TITLE	PRESIDENT DIRECTOR [Change [] Addition	
NAME	CURLEY, GERARD J		12 NAME	CURLEY, GERARD &	
STREET ADORESS	501 FIRST AVE N SUITE 609	,	13 STREET ADDRESS	475 CENTRAL AVE SUITE TOT	
CITY-ST-ZIP	ST PETERSBURG FL 33701	•		ST. PSTERS BURG, FL 33701	
TITUE	D	[] DELETE	21 TITLE	[]Change []Addition	
NAME	FORLIZZO, ROBERT A		22 NAME		
STREET ADDRESS	13616 LAKE POINT DR S	'	23\$TREET ADDRESS	9000027661397	
CITY-ST-ZIP	CLEARWATER FL 33762		2 4 CITY-ST-ZIP	-02/05/9301082020	
TITLE	VP	(] DELETE	31 TITLE	****150.00 _****150,\QQ_	
NAME	ULRICH, G KURTIS		3 2 NAME		
STREET ADDRESS	150-2 AVE NO SUIE 800		33 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		34 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	41 TITLE	ST ST Addition	
NAME	BAKER, IVAN T		4 2 NAME	BAKER WAN'S	
STREET ADDRESS	501 FIRST AVE NO SUITE 609		4.3 STREET ADORESS	475 CENTRAL AUZ. SVITE 202	
CITY-ST-ZIP	ST PETERSBURG FL 33701		44 CiTY-ST-ZIP	ST. PETERS GUEC. FL 33701	
TITLE	D	[] DELETE	51 TITLE	[] Change [] Addition	
NAME	ULRICH, ROBET L		52 NAME		

53 STREET ADDRESS

54 C/TY-ST-Z/P

64 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Findicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Block 12 or Block 13 if chapted, or on an attachment with an address, with an other like empowered SIGNATURE:

OLDSMAR FL 34677

148-2 ST N SUITE 310

BEHAR, MORRIS 1326 PRESERVATION WAY

ST PETERSBURG FL 33701

727-894-8232

[] Change

[] Addition