| DOCUN 1. Entity Name | UNIFORM BUSIN MENT # P9700003 ALTY FUNDING, INC. | | RT | (UBR) | | F May 05, Secreta 05-05-2001 | |)1 8:(of Sta | | |
|--|---|--|----------------------------|--|-------------|--|--------------|---------------------------|----------------------------|--|
| Principal Place ONE E . BROWA STE 101 FORT LAUDERDA | RD BLVD | Mailing Address ONE E . BROWARD BLVD STE 101 FORT LAUDERDALE FL 33301 | | | | | 4.0 e | | | |
| | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | |
| Suite, Apt. # | · | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | · | City & State | | | 4. F | El Number 65-0746017 | | | Nied For Applicable | |
| Zip | Country | Zip | Coun | try | 5. 0 | Certificate of Status Desired | | 8.75 Addit ee Required | | |
| | 6. Name and Address of Current Re | egistered Agent | | Name | 7. N | lame and Address of New Re | gistered A | gent | | |
| STEVENS, DON 1160 GLENWOOD CT FT LAUDERDALE FL 33326 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | ODENDALE PE 33320 | | | City | | | 5 7 | Zip Code | | |
| 9 The shows | named entity submits this statement for t | | | | | and a back in the Oracle of Ele | FL | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | | | ed Office Of Fegr | | | DATE | | | |
| Tax filing r | ration is eligible to satisfy its Intangible equirement and elects to do so. | FILE NOW! After MAY 1, 20 Make Check Payab | 01 Fee | will be \$550.0 | | 10. Election Campaign Fin Trust Fund Contributior | | \$5.00 Added | D May Be to Fees | |
| 11. | OFFICERS AND D | | 12. | | AC | DITIONS/CHANGES TO OFFI | CERS AND | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS STEVENS, DON 1160 GLENWOOD CT FT LAUDERDALE FL 33326 | Delete | | | | | | Change | Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT WHALEN, PAUL 617 NE 17TH TERR FORT LAUDERDALE FL 33304 | Delete | | | | | | Change | Addition 6 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Delete | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Delete | | | | | | 🗌 Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | | | | | 🗌 Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | | | | | Change | Addition | |
| indicated of the co | TURE: HAR MAT | true and accurate and that i | my sign t as requ l. | ature shall have ured by Chapter | the same | e legal effect as if made under | oath: that I | am an officer | or director | |