

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 JUN 12 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0100782 AV

<b>DOCUMENT # P97000036946</b>																																																																																																											
<b>1. Entity Name</b> PROFESSIONAL MORTGAGE FUNDING, INC.																																																																																																											
<b>Principal Place of Business</b> 1400 N SEMORAN BLVD STE-C ORLANDO FL 32807			<b>Mailing Address</b> 1400 N SEMORAN BLVD STE-C ORLANDO FL 32807																																																																																																								
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip		Country		Zip																																																																																																							
Country		Country		Country																																																																																																							
<b>8. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>																																																																																																							
HAMEL, GRACE C 1875 ANGELA DRIVE ORLANDO FL 32817				Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																							
FL				Zip Code																																																																																																							
<b>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.</b>																																																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State																																																																																																											
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">PTD HAMEL, GRACE C 1875 ANGELA DR. ORLANDO FL 32817</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">500021518635 07/14/03--01061--011</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">HAMEL, GRACE C</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">HAMEL, RAYMOND E</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1875 ANGELA DR.</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1875 ANGELA DR.</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">ORLANDO FL 32817</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">ORLANDO FL 32817</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">CS</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">HAMEL, GRACE C</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">HAMEL, GRACE C</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">HAMEL, GRACE C</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1875 ANGELA DR.</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1875 ANGELA DR.</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">ORLANDO FL 32817</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">ORLANDO FL 32817</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PTD HAMEL, GRACE C 1875 ANGELA DR. ORLANDO FL 32817	<input type="checkbox"/> Delete	TITLE	500021518635 07/14/03--01061--011	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HAMEL, GRACE C	<input type="checkbox"/> Delete	NAME	HAMEL, RAYMOND E	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Delete	STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Delete	CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	CS	<input type="checkbox"/> Delete	TITLE	HAMEL, GRACE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HAMEL, GRACE C	<input type="checkbox"/> Delete	NAME	HAMEL, GRACE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Delete	STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Delete	CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																								
TITLE	PTD HAMEL, GRACE C 1875 ANGELA DR. ORLANDO FL 32817	<input type="checkbox"/> Delete	TITLE	500021518635 07/14/03--01061--011	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	HAMEL, GRACE C	<input type="checkbox"/> Delete	NAME	HAMEL, RAYMOND E	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Delete	STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Delete	CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
TITLE	CS	<input type="checkbox"/> Delete	TITLE	HAMEL, GRACE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	HAMEL, GRACE C	<input type="checkbox"/> Delete	NAME	HAMEL, GRACE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Delete	STREET ADDRESS	1875 ANGELA DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Delete	CITY-ST-ZIP	ORLANDO FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
<b>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.</b>																																																																																																											
<b>SIGNATURE:</b> <u>HAMEL, GRACE C</u> <span style="float: right;">4/29/03 407-737-4333</span>																																																																																																											

CR2E034 (10/02)