

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015537

1. Entity Name

FAIRBANKS MORTGAGE FUNDING, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90043 021 ***150.00

Principal Place of Business

Mailing Address

1400 NORTH SEMORAN BOULEVARD
 SUITE #C-6
 ORLANDO FL 32807

1400 NORTH SEMORAN BOULEVARD
 SUITE #C-6
 ORLANDO FL 32807-3562

2. Principal Place of Business

3. Mailing Address

9318 E. Colonial Dr.

9318 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-3

A-3

City & State

City & State

Orlando, FL

Orlando FL

Zip

Zip

32817

32817

Orange

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3494137

Applied For

Not Applicable

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

ASENJO, PAUL E
 14906 PRAIRIE ROSE COURT
 ORLANDO FL 32824

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **ASONJO, PAUL**
 STREET ADDRESS **14906 PRARIE ROSE CT**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ASENJPO, IVETTE**
 STREET ADDRESS **14906 PRAIRIE ROSE CT**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 (407) 380-1233

CR2E034 (9/99)