

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90026 049 ***150.00

DOCUMENT # P98000015537

1. Entity Name
FAIRBANKS MORTGAGE FUNDING, INC.

Principal Place of Business
9318 E COLONIAL DR
A-3
ORLANDO FL 32817

Mailing Address
9318 E COLONIAL DR
A-3
ORLANDO FL 32817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1801 E. Colonial DR.

3. Mailing Address
1801 E. Colonial DR

Suite, Apt. #, etc.
STE. 202

Suite, Apt. #, etc.
STE. 202

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3494137

Applied For
 Not Applicable

Zip
32803

Country
Orange

Zip
32803

Country
Orange

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, 2002 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
 NAME
ASONJO, PAUL
 STREET ADDRESS
14906 PRARIE ROSE CT
 CITY-ST-ZIP
ORLANDO FL 32824

☐ Delete

TITLE
President
 NAME
ASENJO, Paul
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
VP
 NAME
ASENJO, IVETTE
 STREET ADDRESS
14906 PRAIRIE ROSE CT
 CITY-ST-ZIP
ORLANDO FL 32824

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (407) 380-1233
 Date Daytime Phone #

0065144
 2V

CR2E034 (9/01)