

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000020958**

1. Entity Name

MADISON MORTGAGE & FUNDING CO.



Principal Place of Business

18633-92ND LANE

LOXAHATCHEE FL 33470

Mailing Address

18633-92ND LANE

LOXAHATCHEE FL 33470

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90292 041 ***150.00

11019449



2. Principal Place of Business

2002 S.E. Elmhurst Rd
Suite, Apt. #, etc.

3. Mailing Address

2002 S.E. Elmhurst Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

65-0816999

Applied For

☐ Not Applicable

Zip

34952

Country

St. Lucie

Zip

34952

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, LESLIE

1120 FAIRVIEW LANE

SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KAPLAN, LESLIE	
STREET ADDRESS	18633-92ND LANE NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	P	<input type="checkbox"/> Delete
NAME	KAPLAN, LESLIE	
STREET ADDRESS	2002 S.E. Elmhurst Rd.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 (772) 398-3424

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CR2E034 (10/02)