

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90004 007 ***150.00

DOCUMENT # P99000096956

1. Entity Name

AFFORDABLE MORTGAGE FUNDING, INCORPORATED

Principal Place of Business

9951 ATLANTIC BLVD STE 430
 JACKSONVILLE FL 32225

Mailing Address

9951 ATLANTIC BLVD STE 430
 JACKSONVILLE FL 32225

2. Principal Place of Business

11611 Alta Drive

Suite, Apt. #, etc.

3. Mailing Address

11611 Alta Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32226

Country

USA

Zip

32226

Country

USA

4. FEI Number

59-3614519

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

SCHERCK, DALLAS R

~~9951 ATLANTIC BLVD~~

~~SUITE 430~~

~~JACKSONVILLE FL 32202~~

11611 Alta Drive

Jacksonville, FL 32226

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME SCHERCK, DALLAS R
 STREET ADDRESS 11611 ALTA DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32226

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
 NAME SCHERCK, SHELIA
 STREET ADDRESS 11611 ALTA DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32226

☐ Delete

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☐ 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:

Dallas Scherck Dallas R. Scherck 4/30/01 (904) 757-8935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)