

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90080 003 ***150.00

DOCUMENT # V13961

1. Entity Name
CENTRAL FUNDING, INC.

Principal Place of Business

**101 SUNNY TOWN RD
 STE-108
 CASSELBERRY FL 32707
 US**

Mailing Address

**101 SUNNY TOWN RD
 STE-108
 CASSELBERRY FL 32707
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **Suite 109**

Suite, Apt. #, etc. **101 Sunnytown Rd. Suite 109**

City & State

City & State **Casselberry FL**

4. FEI Number **59-3103217**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**SORENSEN, ANDREW R
 224 WOOD LAKE DR
 MAITLAND FL 32751**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	<input type="checkbox"/> Delete
NAME	SORENSEN, ANDREW R	
STREET ADDRESS	224 WOOD LAKE DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Andrew R. Sorenson 9/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 980048
Central Funding, Inc. ✓ 13961

Licensed Mortgage Brokerage Business

101 Sunnyside Rd. Suite 109
Casselberry, FL 32707

Office (407) 740-5547
Fax (407) 647-4951

Sept 10, 2002

Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To whom it may concern,

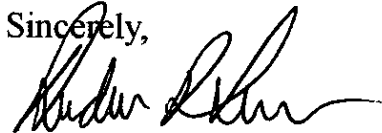
I have just received my UBR for 2002 given to me by someone in my old suite.
When I filed last year I changed my suite number but it was not updated.

Please correct my suite number in your records to reflect suite 109.

Enclosed is my check for the renewal fee of \$150. Please waive the late filing fee due to the incorrect address.

Thank you .

Sincerely,



Andrew R Sorenson
President