2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
03-19-2001 90454 047 ***150.00

DOCUMENT # F66286

1. Entity Name
SUN MORTGAGE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
6385 PRESIPENTIAL CT 104 FORT MYERS FL 33919 US	6385 PRESIPENTIAL CT 104 FORT MYERS FL 33919 US

2. Principal Place of Business	3. Mailing Address
3800 S. Ocean Dr.	3800 S. Ocean Dr.
Suite, Apt. #, etc.: # 217	Suite, Apt. #, etc.: # 217
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33019 Country: US	Zip: 33019 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2171394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, KIM
2110 CLEVELAND AVENUE
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: Miatta Smith
Street Address (P.O. Box Number is Not Acceptable): 3800 S. Ocean Dr. # 217
City: Hollywood FL Zip Code: US

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: Miatta Smith, Registered Agent. [signature] 3/28/01
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, 2001 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	PD	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	BOLT, NANCY		NAME	Walter Smith	
STREET ADDRESS	6735 BROKEN ARROW DRIVE		STREET ADDRESS	3800 S. Ocean Dr. #217	
CITY-ST-ZIP	FT. MYERS FL		CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOLT, WILLIAM K.		NAME		
STREET ADDRESS	6735 BROKEN ARROW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #