## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

## Mar 27, 2002 8:00 am Secretary of State DOCUMENT # 417389 1. Entity Name SUNCREST HOMES, INC. 03-27-2002 90027 010 \*\*\*150.00 Principal Place of Business Mailing Address **OFFICE** OFFICE 715 OAKDALE AVE 715 OAKDALE AVE **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1453009 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, EDGAR J JR Street Address (P.O. Box Number is Not Acceptable) **404 SHARON STREET BROOKSVILLE FL 34601** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete Change ☐ Addition NAME COOK, EDGAR J JR NAME STREET ADDRESS 404 SHARON STREET STREET ADDRESS CITY-ST-7IP BROOKSVILLE FL 34601 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CLARK, VICKIE C NAME STREET ADDRESS 622 ERIN WAY STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

COOK, JR. 03/14/02

**FILED**