

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66286

1. Entity Name

SUN MORTGAGE CONSULTANTS, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90008 050 ***550.00

Principal Place of Business

6315 PRESIDENTIAL COURT
SUITE E
FT MYERS FL 33919
US

Mailing Address

6315 PRESIDENTIAL COURT
SUITE E
FT MYERS FL 33919
US

2. Principal Place of Business

6385 PRESIDENTIAL CT
Suite, Apt. #, etc.
104

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

City & State

Zip

33919

Country

USA

Zip

Zip

Country

Country

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

7. Name and Address of New Registered Agent

LEVY, KIM
2110 CLEVELAND AVENUE
FORT MYERS FL 33901

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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	PD	<input type="checkbox"/> Delete
NAME	BOLT, NANCY	
STREET ADDRESS	6735 BROKEN ARROW DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOLT, WILLIAM K.	
STREET ADDRESS	6735 BROKEN ARROW DRIVE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

William K. Bolt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

841-437-2500

Daytime Phone #

CR2E034 (5/00)