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. S. Ocean Dr. # 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	7. Name and Address of New Registered Agent
LEVY, KIM 2110 CLEVELAND AVENUE FORT MYERS FL 33901	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. Miatta Smith 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOLT, NANCY 6735 BROKEN ARROW DRIVE FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Walter Smith 3800 S. Ocean Dr. #217 Hollywood, FL 33019 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLT, WILLIAM K. 6735 BROKEN ARROW DRIVE FORT MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #