

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90079 006 ***150.00

DOCUMENT # H38175

1. Entity Name

SUNNYSIDE MORTGAGE CORPORATION OF THE SOUTH, INC

Principal Place of Business

**123 JONES AVE.
 NICEVILLE FL 32578**

Mailing Address

**4640 E. LAKE MEAD BLVD
 LAS VEGAS NV 89115
 US**

2. Principal Place of Business

3. Mailing Address

3996 Las Vegas Blvd. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Las Vegas NV

Zip

Country

Zip

Country

89115

US

4. FEI Number

59-2484729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HORNE, JIMMY R
 123 JONES AVENUE
 NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

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 \$150.00
 After May 1, 2002 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 **P** ☐ Delete
 NAME **FOWLER, AMOS L**
 STREET ADDRESS **4640 E LAKE MEAD BLVD**
 CITY-ST-ZIP **LAS VEGAS NV**

TITLE **P** ☐ Change ☐ Addition
 NAME **FOWLER, AMOS L**
 STREET ADDRESS **3996 LAS VEGAS BLVD N.**
 CITY-ST-ZIP **LAS VEGAS, NV 89115**

TITLE **DST** ☐ Delete
 NAME **FOWLER, CHRISTOPHER**
 STREET ADDRESS **7253 WANDERING STAR CT**
 CITY-ST-ZIP **LAS VEGAS NV**

TITLE **DST** ☐ Change ☐ Addition
 NAME **FOWLER, CHRISTOPHER**
 STREET ADDRESS **3996 LAS VEGAS BLVD. N.**
 CITY-ST-ZIP **LAS VEGAS, NV 89115**

TITLE **VP** ☐ Delete
 NAME **MATHEWS, CHARLENE F**
 STREET ADDRESS **1020 E DESERT INN RD #1480**
 CITY-ST-ZIP **LAS VEGAS NV**

TITLE **VP** ☐ Change ☐ Addition
 NAME **MATHEWS, CHARLENE**
 STREET ADDRESS **3996 LAS VEGAS BLVD N.**
 CITY-ST-ZIP **LAS VEGAS, NV 89115**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AMOS FOWLER

Date

Daytime Phone #

4-16-02

CR2E034 (9/01)