

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 85964

1. Entity Name

SUNSHINE STATE FORECLOSURE CONSULTANTS INC

Principal Place of Business

7303 N NEBRASKA AVE  
TAMPA FL 33604  
US

Mailing Address

118 SO WESTSHORE BLVD  
BOX 290  
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

7303 N NEBRASKA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

4. FEI Number ~~IRS CHANGED FROM 60-2867262~~  
\*59-2867262

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

BENNATI ALVIN A JR  
7303 N NEBRASKA AVE  
TAMPA FL 33604

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, 2000 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

<p>DD BENNATI ALVIN A JR 7303 N NEBRASKA AVE TAMPA FL 33604</p> <p>ST-ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>VST SHRENK MICHAEL J 7303 N NEBRASKA AVE TAMPA FL 33604</p> <p>ST-ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:

MICHAEL SHRENK 7/03/00 (813) 236-1430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90011 039 \*\*\*558.75

00068934

DO NOT WRITE IN THIS SPACE

CR21034 (9/99)