

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90093 011 ***150.00

DOCUMENT # K74082

1. Entity Name

SUNSTATE MORTGAGE, INC.
 D/B/A Sun America Mortgage

Principal Place of Business

Mailing Address

1301 BEVILLE RD
 SUITE 8
 DAYTONA BEACH FL 32119

1301 BEVILLE RD
 SUITE 8
 DAYTONA BEACH FL 32119-1381

954390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1150 Pelican Bay Dr. 1150 Pelican Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach FL

Daytona Beach FL

4. FEI Number

59-2937564

Applied For

Not Applicable

Zip

Country

Zip

Country

32119 USA

USA

32119 USA

USA

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

MERCIER, LORI
 4555 S. ATLANTIC AVE
 UNIT 4609- THE TOWERS AT PONCE INLET
 PONCE INLET FL 32127

Name
Stephen Ponder ESq.

Street Address (P.O. Box Number is Not Acceptable)
114 S. Palmetto Ave

City
Daytona Beach **FL** Zip Code
32114

8. The above named entry 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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DCEO | <input type="checkbox"/> Delete |
| NAME | MARZOCCHI, MICHAEL | |
| STREET ADDRESS | 4372 POST RD | |
| CITY-ST-ZIP | EAST GREENWICH RI 02818 | |
| TITLE | TSV | <input type="checkbox"/> Delete |
| NAME | FRY, SUZANNE | |
| STREET ADDRESS | 17 STRATFORD RD | |
| CITY-ST-ZIP | NARRAGANSETT RI 02882 | |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne Fry

4/28/00
 Date

1-877-601-5200
 Daytime Phone #

CR2E034 (9/99)