

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98839

1. Entity Name

SUN COAST FINANCE CONSULTANTS, INC.

Principal Place of Business

Mailing Address : SAME

1650 ART MUSEUM DRIVE, SUITE 1
JACKSONVILLE, FLORIDA 32207

2. Principal Place of Business

1650 ART MUSEUM DR., #11

3. Mailing Address

Suite, Apt. #, etc.

SUITE 11

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32207

Country

USA

Zip

Country

4. FEI Number

59-2967208

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

JOHN DEMPS, SR.
4906 CHIVALRY DRIVE
JACKSONVILLE, FLORIDA 32208

7. Name and Address of New Registered Agent

Name

JOHN DEMPS, JR.

Street Address (P.O. Box Number is Not Acceptable)

8924 TIMBERJACK LANE

City

JACKSONVILLE,

FL

Zip Code
32256

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

JOHN DEMPS, JR.

4/30/01

(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
Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN DEMPS, JR.	
STREET ADDRESS	8924 TIMBERJACK LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	JOHN DEMPS, SR.	
STREET ADDRESS	4906 CHIVALRY DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:

JOHN DEMPS, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90035 030 ***193.75

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CR2E034 (11/00)