

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90014 015 ***150.00

DOCUMENT # P00000080442

1. Entity Name
SUNCOAST MORTGAGE BROKERS, INC.

Principal Place of Business
**3302 LITTLE COUNTRY ROAD
 PARRISH FL 34219**

Mailing Address
**3302 LITTLE COUNTRY ROAD
 PARRISH FL 34219**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FFI Number
65-1040630

Applied For
 Not Applicable

Zip Country Zip Country

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

**LYNCH, JOHN M
 3302 LITTLE COUNTRY ROAD
 PARRISH FL 34219**

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 _____ (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	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN M		NAME	BRENDA K. MILLER	
STREET ADDRESS	3302 LITTLE COUNTRY ROAD		STREET ADDRESS	3516 S.W. DR., W.	
CITY-ST-ZIP	PARRISH FL 34219		CITY-ST-ZIP	PALMISTO, FL 34221	
TITLE		<input type="checkbox"/> Delete	TITLE	VP + SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HANNELORE M. LYNCH	
STREET ADDRESS			STREET ADDRESS	3302 LITTLE COUNTRY RD	
CITY-ST-ZIP			CITY-ST-ZIP	PARRISH, FL 34219	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **John M. Lynch** **Brenda K. Miller**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **5/12/01** Daytime Phone **941-774-0290**
941-751-5775

CR2E034 (10/00)