

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90108 040 \*\*\*150.00

0412961 AV

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

4301 32<sup>nd</sup> ST W

3. Mailing Address

4301 32<sup>nd</sup> ST W

Suite, Apt. #, etc.

C-17

Suite, Apt. #, etc.

C-17

City &amp; State

BRADENTON, FL

City &amp; State

BRADENTON, FL

Zip

Country

34205

USA

Zip

Country

34205

USA

4. FEI Number

65-1040630

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

LYNCH, JOHN M

3302 LITTLE COUNTRY ROAD  
PARRISH FL 34219

## 7. Name and Address of New Registered Agent

Name  
BRENDA K MILLER

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

4301 32<sup>nd</sup> ST W

SUITE C-17

CITY  
BRADENTON

FL

Zip Code

34205

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	MILLER, BRENDA K	
STREET ADDRESS	3516 5TH DRIVE W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, HAMMELORE M	
STREET ADDRESS	3302 LITTLE COUNTRY ROAD	
CITY-ST-ZIP	PARRISH FL 34219	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Brenda K	
STREET ADDRESS	4301 32nd St West Suite C-17	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRENDA K	
STREET ADDRESS	4301 32nd ST WEST SUITE C-17	
CITY-ST-ZIP	BRADENTON, FL 34205	
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
NAME		
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)(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

Date

Daytime Phone #

4-10-02 941-251-5775

CR2E034 (9/01)