

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90106 022 ***150.00

DOCUMENT # P01000071893

1. Entity Name
SUNCOAST MORTGAGE CONSULTANTS, INC.

Principal Place of Business

**3910 SABAL PALM COURT
 BRANDON FL 33511**

Mailing Address

**3910 SABAL PALM COURT
 BRANDON FL 33511**

2. Principal Place of Business

3224 St. Rd. 60 East

Suite, Apt. #, etc.

3. Mailing Address

3224 St. Rd. 60 East

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL

4. FEI Number

593735066

Applied For

Not Applicable

Zip

Country

33594

USA

Zip

Country

33594

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, GREGORY A
 3910 SABAL PALM COURT
 BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **None (Same as current agent)**

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 **Gregory A. McGill**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/02

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 **President** ☐ Delete
NAME **Greg McGill**
STREET ADDRESS **3910 Sabal Palm Ct.**
CITY-ST-ZIP **Brandon FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Gregory A. McGill**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
571-2300
 Date Daytime Phone #

CR2E034 (9/01)