

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062686

1. Entity Name

SUNCOAST FINANCIAL SERVICES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90253 032 ***150.00

Principal Place of Business

1352 SW CEDAR COVE
PSL FL 34986
US

Mailing Address

1352 SW CEDAR COVE
PT ST LUCIE FL 34986-2001
US

2. Principal Place of Business

7966 SE, Mammoth Dr.

Suite, Apt. #, etc.

3. Mailing Address

7966 S.E. Mammoth Dr.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL

Zip

33455

Country

US

Zip

33455

Country

US

4. FEI Number

59-3264730

Applied For

Not Applicable

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

BUMBARD, JERRY W
1352 SW CEDAR COVE
PT ST LUCIE FL 34986

Name

Bumbard, JERRY W.

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

7966 S.E. Mammoth Dr.

City

Hobe Sound

FL

Zip Code

33455

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

JERRY W. Bumbard - President 4-12-00

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 PD ☐ Delete
NAME BUMBARD, JERRY W
STREET ADDRESS 1352 SW CEDAR COVE
CITY-ST-ZIP PSL FL 34986

TITLE ☒ Change ☐ Addition
NAME 7966 S.E. Mammoth Dr.
STREET ADDRESS Hobe Sound, FL 33455
CITY-ST-ZIP

TITLE VTDS ☐ Delete
NAME BUMBARD, LINDA W.
STREET ADDRESS 1352 SW CEDAR COVE
CITY-ST-ZIP PSL FL 34986

TITLE ☒ Change ☐ Addition
NAME 7966 S.E. Mammoth Dr.
STREET ADDRESS Hobe Sound, FL 33455
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

JERRY W. Bumbard. 4-12-00 (561) 781-3897

Date

Daytime Phone #