

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90038 040 ***158.75

DOCUMENT # P95000050696

1. Entity Name
SUNDIAL MORTGAGE CORPORATION



Principal Place of Business

14255 U.S. HWY. 1
SUITE 211
JUNO BEACH FL 33408
US

Mailing Address

14255 U.S. HWY. 1
SUITE 211
JUNO BEACH FL 33408
US

2. Principal Place of Business

14255 U.S. Hwy 1
SUITE 201

3. Mailing Address

14255 U.S. Hwy 1
SUITE 201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUNO BEACH FL

City & State

JUNO BEACH

Zip

Country

33408

USA

Zip

Country

-33408

US

40004317



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0592229**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOSTER, CRAIG A
14255 U.S. HWY ONE #211
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name **FOSTER, CRAIG A.**
Street Address (P.O. Box Number is Not Acceptable) **14255 U.S. HWY ONE #201**
City **JUNO BEACH** **FL** **Zip Code** **33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTSV** ☐ Delete
NAME **FOSTER, CRAIG A**
STREET ADDRESS **14255 US HWY ONE #211**
CITY-ST-ZIP **JUNO BEACH FL 33408**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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 **CRAIG A. FOSTER**

1/7/03 **561-775-2777**
Date **Daytime Phone #**

CR2E034 (10/02)