

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90849 033 ***150.00

DOCUMENT # P97000098416

1. Entity Name
SUN MORTGAGE EXPRESS, INC.



Principal Place of Business
10181 W. SAMPLE RD
STE 205
CORAL SPRINGS FL 33065
US

Mailing Address
10181 W. SAMPLE RD
STE 205
CORAL SPRINGS FL 33065
US

2. Principal Place of Business
10181 W. SAMPLE RD
Suite, Apt. #, etc.
201

3. Mailing Address
10181 W. SAMPLE RD.
Suite, Apt. #, etc.
201

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip
33065 Country
BROWARD

Zip
33065 Country
BROWARD

4. FEI Number **65-0794231**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELTON, LINDA MARLENE
10181 W. SAMPLE RD
SUITE 5-B
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
MELTON, LINDA MARLENE
Street Address (P.O. Box Number is Not Acceptable)
10181 W. SAMPLE RD
SUITE 201
City
CORAL SPRINGS **FL** Zip Code
33065

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
PD ☐ Delete
NAME
MELTON, LINDA MARLENE
STREET ADDRESS
916 NW 69TH TERR
CITY-ST-ZIP
MARGATE FL 33063

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Linda Marlene Melton** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03 **(954) 346-4643**
Date Daytime Phone #

CR2E034 (10/02)