

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000060520**

1. Entity Name

SUNCOAST FINANCIAL SERVICES OF THE PALM BEACHES,**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90095 014 ***158.75

Principal Place of Business

**660 LINTON BOULEVARD
SUITE 213
DELRAY BEACH FL 33444**

Mailing Address

**55 PEACHTREE PLACE
BOYNTON BEACH FL 33436**

2. Principal Place of Business

55 PEACHTREE PLACE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

Zip

33436

Country

USA

Zip

Country

4. FEI Number

65-0920342

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACKEY, KEITH S
PEACHTREE PLACE
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MACKEY, KEITH S	
STREET ADDRESS	55 PEACHTREE PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Keith S. Mackey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (561)369-3543

CR2E034 (10/00)