

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90146 046 ***150.00

DOCUMENT # S36458

1. Entity Name
FLORIDA SUN MORTGAGE CONSULTANTS, INC.

Principal Place of Business

11350 66TH ST N
STE 110
LARGO FL 33773
US

Mailing Address

11350 66TH ST N
SUITE 110
LARGO FL 33773
US

2. Principal Place of Business

1319-48th AVE NE

3. Mailing Address

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State

4. FEI Number **59-3059960**

Applied For

Not Applicable

Zip
33703

Country
FLORIDA

Zip

Country

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

COSTRINI, JAMES A
11350 66TH ST N
SUITE 110
LARGO FL 34643

Name **COSTRINI, JAMES A.**

Street Address (P.O. Box Number is Not Applicable)
1319-48th AVE NE

City **ST. PETERSBURG, FL** Zip Code **33703**

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 **JAMES A. COSTRINI**

4/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PST
COSTRINI, JAMES A
STREET ADDRESS
11350 66TH ST N #110
CITY-ST-ZIP
LARGO FL

TITLE NAME ☒ Change ☐ Addition
PST
COSTRINI, JAMES A.
STREET ADDRESS
1319-48th AVE NE
CITY-ST-ZIP
ST. PETERSBURG, FL 33703

TITLE NAME ☒ Delete
V
CORSON, MARK A
STREET ADDRESS
11350 66TH ST N #110
CITY-ST-ZIP
LARGO FL

TITLE NAME ☐ Change ☒ Addition
COSTRINI, PATRICIA A.
STREET ADDRESS
1319-48th AVE NE
CITY-ST-ZIP
ST. PETERSBURG, FL 33703

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 as an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES A. COSTRINI** **4/27/01** **727-5254858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)