

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90172 027 \*\*\*150.00

**DOCUMENT # H21071**

1. Entity Name  
**FINCA, INC.**

Principal Place of Business  
**1216 SOUTH SCENIC HIGHWAY**  
**P O BOX 545**  
**FROSTPROOF FL 33843**

Mailing Address  
**1216 SOUTH SCENIC HIGHWAY**  
**P O BOX 545**  
**FROSTPROOF FL 33843**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2575517**

Applied For  
 Not Applicable

Zip

Country

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

**SULLIVAN, PAUL STEPHEN**  
**201 OLD AVON PARK RD.**  
**FROSTPROOF FL 33843**

Name  
**Mary Ruth Wilson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1 Airport Rd**  
**PO Box 545**  
 City  
**Frostproof FL** Zip Code  
**33843**

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 *Mary Ruth Wilson*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-4-02**  
 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, 2002 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  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DS**  
**SULLIVAN, INEZ KING**  
**1216 S. SCENIC HIGHWAY**  
**FROSTPROOF FL** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVP**  
**SULLIVAN, PAUL STEPHEN**  
**201 OLD AVON PARK ROAD**  
**FROSTPROOF FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**1110 No ROBERTS RD**  
**Avon Park, FL 33825** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**KEISTER, NANCY S**  
**8954 LAKERIDGE DR**  
**LEWIS CENTER OH 43035** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVP** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVP**  
**LITTLEFORD, ELAINE SULLIVA**  
**975 FINROD WAY**  
**CASSELBERRY FL** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**WILSON, MARY RUTH SULL**  
**1 AIRPORT RD**  
**FROSTPROOF FL** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVP**  
**SULLIVAN, VICTORIA I.**  
**211 E. CELESTE**  
**NEW IBERIA LA** ☐ Delete

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

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: *Mary Ruth Wilson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-02** **863-635-4172**  
 Date Daytime Phone #

CR2E034 (9/01)