

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90150 011 ***158.75

DOCUMENT # **P9500007954** ✓
1. Entity Name
SUNCHASE FINANCIAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5015 W WATERS AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33634-1317	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3341456	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name VANLANDINGHAM, JAMES C	
Street Address (P.O. Box Number is Not Acceptable) 8706 CHARMING KNOLL CT	
City TAMPA	FL Zip Code 33635

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PT	NAME VANLANDINGHAM, JAMES C	TITLE	NAME
STREET ADDRESS 8706 CHARMING KNOLL CT	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TAMPA FL 33635	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VS	NAME VANLANDINGHAM, NANCY A	TITLE	NAME
STREET ADDRESS 8706 CHARMING KNOLL CT	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TAMPA FL 33635	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **James C VanLandingham** **JAMES C VANLANDINGHAM** 4/25/02 813-290-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

150.00 + 8.75 = 158.75 - DID NOT RECEIVE NOTICE THIS YEAR-2002

CR2E034B (12/01)