



APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077954				06 FEB 20 PM 3:17	
1. Entity Name SUNCHASE FINANCIAL CORPORATION				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5015 WEST WATERS AVE SUITE C TAMPA, FL 33634 US		Mailing Address 5015 WEST WATERS AVE SUITE C TAMPA, FL 33634 US			
2. Principal Place of Business		3. Mailing Address		01052006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3341456	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VANLANDINGHAM, JAMES C 8706 CHARMING KNOLL CT. TAMPA, FL 33635				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANLANDINGHAM, JAMES C	NAME	10000067322251 03/02/06-80006-007 8.75		
STREET ADDRESS	8706 CHARMING KNOLL CT.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANLANDINGHAM, NANCY A	NAME	10000067322251 03/02/06-80006-008 150.00		
STREET ADDRESS	8706 CHARMING KNOLL CT.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	100067322251 03/07/06-01053-017 ***150.00		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	100067322251 03/07/06-01053-018 ***8.75		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>James C VanLandingham</u>		James C VANLANDINGHAM		2-15-c 813-290-8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	