

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075665

1. Entity Name

SUNSHINE CHECK ADVANCE, INC.

Principal Place of Business

83 US 27 S
AVON PARK FL 33825
US

Mailing Address

1810 SR 17 SO
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

925 LAKE LOTELA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AVON PARK FL 33825

Zip

Country

Zip

Country

33825

4. FEI Number 59-3395144

Applied For

Not Applicable

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

MCKIBBEN, CHARLES L

1810 SR 17 SO

AVON PARK FL 33825

925 LAKE LOTELA

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCKIBBEN, CHARLES L
STREET ADDRESS 1810 SR 17 SO
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☒ Change ☐ Addition
NAME 925 LAKE LOTELA
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUBEN, ALAN
STREET ADDRESS 3000 GREEN FAIRWAY COVE
CITY-ST-ZIP COLLIERSVILLE TN 38017

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

TITLE D ☐ Delete
NAME FATKA, DAVID
STREET ADDRESS 8882 HILLMAN WAY DR
CITY-ST-ZIP MEMPHIS TN 38133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

ALAN RUBEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91113 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)