2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90124 026 ***150.00

DOCUMENT # P96000075665

1. Entity Name
SUNSHINE CHECK ADVANCE, INC.

Principal Place of Business
83 US 27 S
AVON PARK FL 33825
US

Mailing Address
925 LAKE LOTELA
AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
118 U.S. 27 S.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State: AVON PARK, FL
Zip: 33825
Country

City & State
Zip
Country

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

MCKIBBEN, CHARLES L
1810 SR 17 SO
AVON PARK FL 33825

7. Name and Address of ~~New~~ Registered Agent

Name: McKIBBEN, CHARLES L
Street Address (P.O. Box Number is Not Acceptable): 925 LAKE LOTELA
City: AVON PARK FL Zip Code: 33825

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, 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCKIBBEN, CHARLES L	NAME	
STREET ADDRESS	925 LAKE LOTELA	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RUBEN, ALAN	NAME	
STREET ADDRESS	3000 GREEN FAIRWAY COVE	STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE TN 38017	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FATKA, DAVID	NAME	
STREET ADDRESS	8882 HILLMAN WAY DR	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38133	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: Charles L McKibben CHARLES L McKIBBEN — 3/1/02 — (863) 257-0305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #