

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075671

1. Entity Name
SUNSHINE CHECK CASHING, INC.

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

05-03-2001 91113 002 ***150.00

Principal Place of Business

Mailing Address

83 US 27 S
AVON PARK FL 33855
US

1810 SR 17 SO
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33825

4. FEI Number **59-3395925**

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 925 LAKE LOTELA
AVON PARK FL 33825

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

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

TITLE ☐ Delete
NAME **D 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

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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

4/20/01

Date

(901) 266-0533

Daytime Phone #

CR2E034 (10/00)