

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90124 025 ***150.00

DOCUMENT # P96000075671

1. Entity Name
SUNSHINE CHECK CASHING, INC.

Principal Place of Business

83 US 27 S
AVON PARK FL 33855
US

Mailing Address

925 LAKE LOTELA
AVON PARK FL 33825
US

2. Principal Place of Business

118 US 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

59-3395925

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

1840 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

TITLE **D** ☐ Delete
NAME **MCKIBBEN, CHARLES L**
STREET ADDRESS **925 LAKE LOTELA**
CITY-ST-ZIP **AVON PARK FL 33825**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

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 #

CR2E034 (9/01)