

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038079

1. Entity Name

SUNCHASER EXPRESS, INC.



FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90020 016 ***550.00

Principal Place of Business

3920 SOUTHWEST 59TH TERRACE
DAVIE FL 33314

Mailing Address

3920 SOUTHWEST 59TH TERRACE
DAVIE FL 33314

B0106985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0834684

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRIFFIN, ELISABETH C
3920 SW 59TH TERR
DAVIE FL 33314

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

T ☐ Delete
NAME CARVER, ISAAC J
STREET ADDRESS 3920 SOUTHWEST 59TH TERRACE
CITY-ST-ZIP DAVIE FL 33314

PD ☒ Change ☐ Addition
NAME CARVER, ISAAC J
STREET ADDRESS 3920 SW 59TH TERRACE
CITY-ST-ZIP DAVIE, FL 33314

SVTD ☐ Delete
NAME SOLDWISH-CARVER, TANYA L
STREET ADDRESS RR1 BOX 213
CITY-ST-ZIP INDEPENDENCE IA 50644-2994

SVTDM ☒ Change ☐ Addition
NAME Soldwish-Carver Tanya L.
STREET ADDRESS 2802 Bluebird Rd
CITY-ST-ZIP Cascade IA 50845-2033

PD ☐ Delete
NAME SOLDWISH, REGINALD H
STREET ADDRESS 1528 LAWRENCE AVE
CITY-ST-ZIP INDEPENDENCE IA 50644

T ☒ Change ☐ Addition
NAME Soldwish, Reginald H
STREET ADDRESS 1528 Lawrence Ave
CITY-ST-ZIP Independence IA 50644

T ☐ Delete
NAME GRIFFIN, ELISABETH C
STREET ADDRESS 3920 SW 59TH TERR
CITY-ST-ZIP DAVIE FL 33314

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00

39-852-7527

CR2E034 (5/00)