2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # F19719** Mar 15, 2000 8:00 am 1. Entity Name Secretary of State CASH A CHECK OF N. FLORIDA, INC. 03-15-2000 90099 001 ***150.00 Principal Place of Business Mailing Address 1020-10 N. EDGEWOOD AVE. 1020-10 N. EDGEWOOD AVE. JACKSONVILLE FL 32254 JACKSONVILLE FL 32254-2381 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2745274 Not Applic Zip ¹ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZIER, ROBINSON, W. ATTY Street Address (P.O. Box Number is Not Acceptable) 1515 RIVERSIDE AVE JACKSONVILLE FL 32204 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE KAHN, STEVEN S. NAME STREET ADDRESS 1020-10 NO. EDGEWOOD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Additi TITLE Delete TITLE [] Change KAHN; JEROME H. NAME NAME STREET ADDRESS 1020-100 N. EDGEWOOD AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ٧D TITLE ☐ Delete TITLE Change Additi KAHN, ESTHER J. NAME NAME 1020-10 EDGEWOOD AVE. NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl ☐ Change Additi ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP Additi ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 🗀 Additii NAME STREET ADDRESS 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 1 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