

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90217 008 ***150.00

NS1089 AT

DOCUMENT # F97000004969
 1. Entity Name
ADVANCE AMERICA, CASH ADVANCE CENTERS OF FLORIDA, INC.

Principal Place of Business Mailing Address
961 E. MAIN ST **P.O. BOX 3058**
SPARTANBURG SC 29304-3524 **SPARTANBURG SC 39204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
135 N. Church St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Spartanburg, SC

4. FEI Number Applied For
58-2333774 Not Applicable

Zip Country Zip Country
29306 **Spartanburg** **29304**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	WEBSTER, WILLIAM M IV	
STREET ADDRESS	961 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29304-3524	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HALL, WAYNE W	
STREET ADDRESS	961 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29304-3524	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, GEORGE D JR	
STREET ADDRESS	961 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29304-3524	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ALLIE, MONICA L	
STREET ADDRESS	961 E. MAIN ST.	
CITY-ST-ZIP	SPARTANBURG SC 29302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	135 N. Church St	
CITY-ST-ZIP	Spartanburg SC 29306	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	135 N. Church St.	
CITY-ST-ZIP	Spartanburg SC 29306	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	961 East MAIN St.	
CITY-ST-ZIP	Spartanburg SC 29302	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	135 N. Church St.	
CITY-ST-ZIP	Spartanburg SC 29306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Wayne W. Hall** **SIGNATURE REQUIRED** **Wayne W. Hall, Vice President 4-24-02 (66)515-5600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)