

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083635

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90105 020 ***150.00

1. Entity Name
CASHVANTAGE CORPORATION

Principal Place of Business Mailing Address
1934 DOWNING PLACE POST OFFICE BOX 1266
PALM HARBOR FL 34683-5726 PALM HARBOR FL 34682-1266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
500 Trinity Ln Apt 11205
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Saint Petersburg, FL
 Zip Country Zip Country
33716-1263 USA

4. FEI Number Applied For
59-3339926 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WELCH, SCOTT D
1934 DOWNING PLACE
PALM HARBOR FL 34683-5726

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
500 Trinity Ln Apt 11205
 City State Zip Code
Saint Petersburg, FL 33716-1263

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: *Scott Welch* SCOTT D WELCH 2/3/00
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, 2000 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	DS	<input type="checkbox"/> Delete
NAME	WELCH, LINDA C	
STREET ADDRESS	1934 DOWNING PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34683-5726	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WELCH, SCOTT D	
STREET ADDRESS	1934 DOWNING PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34683-5726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	500 Trinity Ln Apt 11205	
CITY-ST-ZIP	Saint Petersburg, FL 33716-1263	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500 Trinity Ln Apt 11205	
CITY-ST-ZIP	Saint Petersburg, FL 33716-1263	
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)(l), 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: *Scott Welch* SCOTT D WELCH 2/3/00 727-784-4350
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)