

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000083635**

1. Entity Name  
**CASHVANTAGE CORPORATION**

Principal Place of Business  
 500 TRINITY LN  
 APT. 11205  
 SAINT PETERSBURG FL 337161263

Mailing Address  
 POST OFFICE BOX 1266  
 PALM HARBOR FL 346821266

2. Principal Place of Business  
 4254 PRESERVE PL

3. Mailing Address  
 4254 PRESERVE PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 PALM HARBOR, FL FL

City & State  
 PALM HARBOR, FL FL

4. FEI Number  
**59-3339926**

Applied For  
 Not Applicable

Zip Country  
 346854032

Zip Country  
 346854032

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**

**WELCH SCOTT D**  
 500 TRINITY LN  
 APT. 11205  
 SAINT PETERSBURG FL 337161263

Name  
**WELCH SCOTT D**

Street Address (P.O. Box Number is Not Acceptable)  
**4254 PRESERVE PL**

City  
**PALM HARBOR, FL** Zip Code  
**346854032**

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 D WELCH**

**01/06/2001**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE DP  Delete  
 NAME **WELCH SCOTT D**  
 STREET ADDRESS **500 TRINITY LN #11205**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 337161263**

TITLE DP  Change  Addition  
 NAME **WELCH SCOTT D**  
 STREET ADDRESS **4254 PRESERVE PL**  
 CITY-ST-ZIP **PALM HARBOR FL 346854032**

TITLE DS  Delete  
 NAME **WELCH LINDA C**  
 STREET ADDRESS **500 TRINITY LN #11205**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 337161263**

TITLE DS  Change  Addition  
 NAME **WELCH LINDA C**  
 STREET ADDRESS **4254 PRESERVE PL**  
 CITY-ST-ZIP **PALM HARBOR FL 346854032**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  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: **Scott D Welch**

P

01/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)