

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 011 ***150.00

DOCUMENT # P96000086139
1. Entity Name
CASH NOW, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4185 N.W. 103rd Drive
Suite, Apt. #, etc.

3. Mailing Address
4185 N.W. 103rd Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip 33065 Country USA

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4. FEI Number
65-0706516

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
John Smith

Street Address (P.O. Box Number is Not Acceptable)
4185 N.W. 103rd Drive

City Coral Springs, FL Zip Code 33065

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D	TITLE	
NAME	John Smith	NAME	
STREET ADDRESS	4185 N.W. 103rd Drive	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33065	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)