


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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90417 022 ***150.00

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



DO NOT WRITE IN THIS SPACE

94063729

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

4. FEI Number
65-0706516

Applied For
 Not Applicable

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

Zip 33065 Country USA Zip 33065 Country USA

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST John Smith 4185 N.W. 103rd Drive Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. Smith (Pres) 4-22-04 954 249 7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #