

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90067 027 ***150.00

DOCUMENT # P99000038446
1. Entity Name:
 CHECK CASH SOLUTIONS, INC.

Principal Place of Business **Mailing Address**
 435 DOUGLAS AVE. 435 DOUGLAS AVE
 STE. 2105 STE. 2105
 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business **3. Mailing Address**
 2212 E 4TH AVE 2212 E 4TH AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
TAMPA, FL 33605 **TAMPA, FL 33605**
 Zip Country Zip Country

4. FEI Number **Applied For**
 65-0923366 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

C0044424

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DRAKEFORD & DRAKEFORD, P.A.
 2212 E 4TH AVE.
 TAMPA, FL 33605

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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. TED MAHONEY	NAME	D WALTER KNITTER
STREET ADDRESS	435 DOUGLAS AVE. STE 2105	STREET ADDRESS	2212 E 4TH AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	TAMPA, FL 33605
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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	

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: Walter Knitter **DIRECTOR** **3/20/00** **(813) 248-3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)