

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90144 044 ***150.00

UBR0001

DOCUMENT # **S11410**

1. Entity Name
CASHNET CORPORATION

Principal Place of Business

Mailing Address

**399 CHALLENGER RD
 SUITE 102
 CAPE CANAVERAL FL 32920
 US**

**155 CAVALIER STREET
 PALM BAY FL 32909-1174
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3032232**

Applied For
 Not Applicable

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

**FERNANDO, ROMEO D., JR.
 155 CAVALIER STREET
 PALM BAY FL 32909**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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:

Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when re-registering.

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. Elect on Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE: **PD** Delete
 NAME: **FERNANDO, ROMEO D., JR.**
 STREET ADDRESS: **155 CAVALIER STREET**
 CITY-STATE-ZIP: **PALM BAY FL 32909**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-STATE-ZIP: Change Addition

TITLE: **STD** Delete
 NAME: **VILLARUZ-FERNANDO, FE**
 STREET ADDRESS: **155 CAVALIER STREET**
 CITY-STATE-ZIP: **PALM BAY FL 32909**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-STATE-ZIP: Change Addition

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 CITY-STATE-ZIP: Change Addition

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

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

321-746-9624

Date: _____ Supervisor: _____

CR2E034 (10/00)