

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843864

1. Entity Name  
MONEY CONCEPTS INTERNATIONAL, INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90326 022 \*\*\*158.75

Principal Place of Business  
1208 U. S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408-3540

Mailing Address  
1208 U. S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408-3540

2. Principal Place of Business  
7121 FAIRWAY DRIVE  
Suite, Apt. #, etc.  
SUITE 202  
City & State  
PALM BEACH GARDENS, FL

3. Mailing Address  
7121 FAIRWAY DRIVE  
Suite, Apt. #, etc.  
SUITE 202  
City & State  
PALM BEACH GARDENS, FL



DO NOT WRITE IN THIS SPACE

Zip  
33418-3764

Country  
USA

Zip  
33418-3764

Country  
USA

4. FEI Number 59-1928579

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

WALSH, DENIS  
1208 US HIGHWAY ONE  
NO PALM BEACH FL 33408

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VTD WALSH, DENIS S. 1208 U. S. HIGHWAY ONE NORTH PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, JOHN P 1208 U. S. HIGHWAY ONE NORTH PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTEIRO, MARIO J. 1208 U. S. HIGHWAY ONE NORTH PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DENIS WALSH 7121 FAIRWAY DRIVE PALM BEACH GARDENS, FL 33418-3764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN WALSH 7121 FAIRWAY DRIVE PALM BEACH GARDENS, FL 33418-3764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CFO MARIO MONTEIRO 7121 FAIRWAY DRIVE PALM BEACH GARDENS, FL 33418-3764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT 02-14-01 (561) 472-2000

Date

Daytime Phone #

CR2E034 (10/00)