

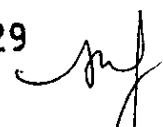
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000234**

1. Entity Name
F.C.F. INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29




DO NOT WRITE IN THIS SPACE

Principal Place of Business
5030 WEST COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address
5030 WEST COLONIAL DRIVE
ORLANDO FL 32808-7641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3393207**

Applied For
Not Applicable

Zip Country

Zip Country

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

O'NEILL, BERNARD C JR.,ESQ
200 E. ROBINSON STREET, #865
ORLANDO FL 32801

Name
Jonathan W. Shirley

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

City **Maitland** FL Zip Code **32751**

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 **4/27/2000**

9. Capital Contribution as Shown on record **\$40,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **K87050**
NAME **FAST CHECK OF FLORIDA, INC.**
STREET ADDRESS **5030 WEST COLONIAL DRIVE**
CITY - ST - ZIP **ORLANDO FL 32808**

STREET ADDRESS **77 368.75**

CITY - ST - ZIP

STREET ADDRESS **100003316121--6**

CITY - ST - ZIP **-07/07/00--01045--012**

*****377.50 ***377.50**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-2000

Date Daytime Phone #