

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000234**

1. Entity Name

F.C.F. INVESTMENTS, LTD.

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**5030 WEST COLONIAL DRIVE
ORLANDO FL 32808**

Mailing Address

**5030 WEST COLONIAL DRIVE
ORLANDO FL 32808**

2. Principal Place of Business

4444 Curry Ford Rd

3. Mailing Address

4444 Curry Ford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3393207

Applied For

Not Applicable

Zip

32812 USA

Zip

32812 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Allen MacArthur

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

4444 Curry Ford Rd

City

Orlando

FL

Zip Code

32812

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

4/29/02
DATE

9. Capital Contributions
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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4444 Curry Ford Rd

CITY-ST-ZIP

Orlando FL 32812

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005575798--5

-05/21/02--01011--007

******368.75 ****368.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Allen MacArthur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02
Date

Daytime Phone

CR2E003 (9/01)