

# 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** Country  
**USA**

Zip  
**32812** Country  
**USA**

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

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

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 *Allen MacArthur*

Signature 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>K87050 FAST CHECK OF FLORIDA, INC. 5030 WEST COLONIAL DRIVE ORLANDO FL 32808</b>	STREET ADDRESS CITY-ST-ZIP	<b>4444 Curry Ford Rd Orlando FL 32812</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>800005575798--5 -05/21/02--01011--007 ****368.75 ****368.75</b>
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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: *Allen MacArthur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/29/02**  
Date

Daytime Phone

CR2E003 (9/01)