2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000000678

Entity Name: AMERICAN MONEY CENTERS INC

FILED Aug 21, 2002 Secretary of State

,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Current Principal Place of Business:			New Principal Place of Business:		
	ERSON BOUL K, RI 02888	EVARD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ERSON BOUL K, RI 02888	EVARD			
FEI Number	: 05-0471849	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution().	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CDPS (CASCELLA, KI 20 BELFIELD JOHNSTON, R	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (CASCELLA, KI 20 BELFIELD JOHNSTON, R	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH L CASCELLA PRE 08/21/2002