

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90908 002 ***550.00

DOCUMENT # F98000000536
1. Entity Name
QUICK CASH PACIFIC, INC.

Principal Place of Business	Mailing Address
1012 NORTH PINE AVE. OCALA FL 34470	1012 NORTH PINE AVE. OCALA FL 34470

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 93-1231714	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
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COOPER, CHARLES L JR.
1358 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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

City	El	Zip Code
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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, 2002 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

1. OFFICERS AND DIRECTORS

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	CP	<input type="checkbox"/> Delete
NAME	COOPER, ROGER P	
STREET ADDRESS	3210 LISA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

FILE	CV	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, RICHARD	
STREET ADDRESS	855 VIOLET ST.	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	

CITY - ST - ZIP	
TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

FILE	D	<input type="checkbox"/> Delete
NAME	COOPER, CHARLES L	
STREET ADDRESS	2414 E. PLAZA DR.	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

LE		<input type="checkbox"/> Delete
ME		
REET ADDRESS		
Y - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

NAME		<input type="checkbox"/> Delete
HOME PHONE		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

NAME		<input type="checkbox"/> Delete
MEET ADDRESS		
- ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02 9048218089
Date Daytime Phone #