## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F99000004989 Feb 07, 2000 8:00 am **Secretary of State** CASH CHECK INC. OF GA. 02-07-2000 90062 011 \*\*\*158.75 Principal Place of Business Mailing Address 114 SOUTH BROAD STREET 114 SOUTH BROAD STREET BAINBRIDGE GA 31717-3614 BAINBRIDGE GA 31717 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2261247 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7 XX Fee Required 7... Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PELHAM, THOMAS Street Address (P.O. Box Number is Not Acceptable) EAST PARK AVENUE Zip Code City FL 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 Thomas Pelham, Registered Agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PCD ☐ Delete TITLE TITLE MARTIN, VANCE R NAME NAME STREET ADDRESS STREET ADDRESS 2000 LEGETTE DRIVE CITY-ST-ZIP CITY-ST-7IP **BAINBRIDGE GA 31717** ☐ Addition ☐ Change TITLE TITLE ☐ Delete MARTIN, W. DEREK NAME NAME 1900 LEGETTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAINBRIDGE GA 31717** ☐ Change ☐ Addition ☐ Delete TITLE DOWNING, RHONDA H NAME NAME STREET ADDRESS STREET ADDRESS 1612 VADA ROAD CITY-ST-ZIP CITY-ST-ZIP **BAINBRIDGE GA 31717** X Addition Change TITLE Delete TITLE Vice President NAME NAME Bradley D. Bellville STREET ADDRESS STREET ADDRESS 275 Riverchase Drive CITY-ST-ZIP CITY-ST-ZIP 31717 Bainbridge, Georgia ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

na Rhonda H. Downing, Corporate Secretary 1/27/00

(912) <sup>12</sup>476 <sup>Ph</sup>6356 ext206