

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60472

1. Entity Name

CASHI SERVICES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90014 033 ***558.75

Principal Place of Business

2904 S. WESTMORELAND DR.
ORLANDO FL 32805
US

Mailing Address

P.O BOX 555847
P O BOX 550177
ORLANDO FL 32855-5847
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2673322

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

R. CASH KASCHAI
2904 S. WESTMORELAND DR.
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Cash Kaschai

Cash Kaschai President

9-12-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VST
NAME KASCHAI, RALPH E.
STREET ADDRESS 2904 S WESTMORELAND DR
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE PD
NAME KASCHAI, CASH
STREET ADDRESS 2904 S WESTMORELAND DR
CITY-ST-ZIP ORLANDO FL

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Cash Kaschai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00 (407) 299-7866

Date

Daytime Phone #

CR2E034 (5/00)