2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H60472** Sep 18, 2000 8:00 am 1. Entity Name CASHI SERVICES, INC. Secretary of State 09-18-2000 90014 033 ***558.75 Principal Place of Business Mailing Address 2904 S. WESTMORELAND DR. P.O BOX 555847 ORLANDO FL 32805 P O BOX 550177 ORLANDO FL 32855-5847 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2673322 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent - --7. Name and Address of New Registered Agent Name R. CASH KASCHAI Street Address (P.O. Box Number is Not Acceptable) 2904 S. WESTMORELAND DR. ORLANDO FL 32805 City 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE VST TITI F Addition ☐ Delete KASCHAI, RALPH E. NAME NAME STREET ADDRESS STREET ADDRESS 2904 S WESTMORELAND DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE KASCHAI, CASH NAME NAME STREET ADDRESS STREET ADDRESS 2904 S WESTMORELAND DR CITY-ST-7IP CITY-ST-ZIP ORLANDO FL - 🗌 Change - 🖃 Addition TITLE Delete -TITLE ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ 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

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