

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05602

1. Entity Name

JACK'S QUICK CASH, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90078 030 ***158.75

Principal Place of Business

2155 AMERICANA BLVD
ORLANDO FL 32839
US

Mailing Address

3850 ORLANDO DR
SANFORD FL 32773-6129
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2653606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, HERMEN A
3850 ORLANDO DR
SANFORD FL 32773
3850

Name

HERMEN A. CRUZ

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

3850 ORLANDO DR

SANFORD, FL

City

SANFORD

FL

Zip Code

32773

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, 2000 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CRUZ, HERMEN A
STREET ADDRESS 3850 ORLANDO DR 3850
CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

TITLE
NAME CRUZ, HERMEN A. ☒ Change ☐ Addition
STREET ADDRESS 3850 ORLANDO DR (Address only)
CITY-ST-ZIP SANFORD, FL 32773

TITLE VP
NAME GRENNAN, GERALD C ☒ Delete
STREET ADDRESS 1411 EDGEWATER DR STE 103
CITY-ST-ZIP ORLANDO FL 32804

TITLE
NAME This deletion was
STREET ADDRESS submitted on last year Report
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME SHEPARD, MARJORIE J ☐ Delete
STREET ADDRESS 1400 S BAYFRONT
CITY-ST-ZIP BALBOA ISLAND CA 92662

TITLE
NAME Same
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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]* **NOTARIZATION REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 324-2210

Daytime Phone #

CR2E034 (9/99)