

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91067 050 ***150.00

DOCUMENT # K07513

1. Entity Name
FOREIGN CURRENCY EXCHANGE CORP



Principal Place of Business
5750 MAJOR BLVD.
SUITE 200
ORLANDO FL 32819

Mailing Address
5750 MAJOR BLVD.
SUITE 200
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2862300**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINNA, RANDOLPH W
5750 MAJOR BLVD.
SUITE 200
ORLANDO FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PINNA, RANDOLPH**
STREET ADDRESS **5750 MAJOR BLVD, SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **S** ☒ Delete
NAME **PRAKASL, STACEY**
STREET ADDRESS **5750 MAJOR BLVD. SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **T and DIR** ☒ Change ☐ Addition
NAME **Des Molyneaux**
STREET ADDRESS **5750 Major Blvd., Suite 200**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **J** ☒ Delete
NAME **WEISHEYER, JAMES**
STREET ADDRESS **5750 MAJOR BLVD. SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DIR** ☒ Change ☐ Addition
NAME **Garrett Stokes**
STREET ADDRESS **4 Custom House Plaza**
CITY-ST-ZIP **I.F.S.C - Dublin 1 - Ireland**

TITLE **DIR** ☒ Delete
NAME **SANFORD, DINNA**
STREET ADDRESS **1307 E VINE ST**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **DIR** ☒ Change ☐ Addition
NAME **Joe Redmond**
STREET ADDRESS **Hume House Ballsbridge**
CITY-ST-ZIP **Dublin 4 - Ireland**

TITLE **DIR** ☒ Delete
NAME **MICKLEBOROUGH, MARK**
STREET ADDRESS **390 BAY ST STE 1615**
CITY-ST-ZIP **TORONTO ON M5H2Y2**

TITLE **DIR** ☒ Change ☐ Addition
NAME **Gillian Phelan**
STREET ADDRESS **4 Custom House Plaza**
CITY-ST-ZIP **I.F.S.C - Dublin 1 - Ireland**

TITLE **DIR** ☒ Delete
NAME **ROGERS, DAVID**
STREET ADDRESS **390 BAY ST STE 1615**
CITY-ST-ZIP **TORONTO ON M5H2Y2**

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

12. 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 reports 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 10 or Block 11 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

4/15/03 **407 992-2779**
Date Daytime Phone #

CR2E034 (10/02)