2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K87050 Mar 15, 2000 8:00 am **Secretary of State** FAST CHECK OF FLORIDA, INC. 03-15-2000 90032 010 ***158.75 Mailing Address Principal Place of Business 5030 W. COLONIAL DR 5030 W COLONIAL DR ORLANDO FL 32808 ORLANDO FL 32808-7641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2947403 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAC ARTHUR, ALLEN MACARTHUR, ALLEN J. Street Address (P.O. Box Number is Not Acceptable) 456 BRIARWOOD DRIVE WINTER PARK FL 32789 456 BRIARWOOD DRIVE WINTER PARK 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 (NOTE: Registered Agent signature required when reinstating) FILÉ NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE MACARTHUR, MARY NAME NAME **456 BRIARWOOD DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL VICE DRESIDENT Addition TITLE Delete TITLE MACARTHUR ALLEN MACARTHUR, ALLEN J. NAME NAME 156 BRIARWOOD DRIVE 456 BRIARWOOD DR. STREET ADDRESS STREET ADDRESS WINTER PARK, FL. 31789 CITY-ST-ZIP WINTER PK FL CITY-ST-ZIP SECRETARY TREASURER Change Addition TITLE TITLE Delete MAC ARTHUR MARY USG BRIAR WOOD DRIVE MACARTHUR, MARY K. NAME NAME STREET ADDRESS STREET ADDRESS 456 BRIARWOOD DR. WINTER PARK, FL. 32789 CITY-ST-ZIP WINTER PK FL CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-\$T-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR