

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90316 002 \*\*\*150.00

**DOCUMENT # K87050**

1. Entity Name  
**FAST CHECK OF FLORIDA, INC.**



Principal Place of Business  
**5030 W COLONIAL DR  
ORLANDO FL 32808  
US**

Mailing Address  
**5030 W COLONIAL DR  
ORLANDO FL 32808  
US**

2. Principal Place of Business  
**400 N. Bumby Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**400 N Bumby Ave.**  
Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**59-2947403**

Applied For  
Not Applicable

Zip Country  
**32803**

Zip Country  
**32803**

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

**6. Name and Address of Current Registered Agent**

**MACARTHUR, ALLEN J.  
456 BRIARWOOD DRIVE  
WINTER PARK FL 32789**

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

SIGNATURE *Allen MacArthur*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/10/03*  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MACARTHUR, MARY</b>	
STREET ADDRESS	<b>456 BRIARWOOD DRIVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MACARTHUR, ALLEN J.</b>	
STREET ADDRESS	<b>456 BRIARWOOD DR.</b>	
CITY-ST-ZIP	<b>WINTER PK FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MACARTHUR, MARY K.</b>	
STREET ADDRESS	<b>456 BRIARWOOD DR.</b>	
CITY-ST-ZIP	<b>WINTER PK FL</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Allen MacArthur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/03*  
Date

Daytime Phone #

CR2E034 (10/02)