

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L00000008548

1. Entity Name

Quick Cash Advance of Ft. Lauderdale, LLC

**FILED**

01 SEP 21 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 602 W. Indian School Phoenix, AZ 85013	<b>Mailing Address</b> 602 W. Indian School Phoenix, AZ 85013
--	--

<b>2. Principal Place of Business</b> 2155 E. University Dr. Suite, Apt. #, etc. Suite 210	<b>3. Mailing Address</b> 2155 E. University Dr. Suite, Apt. #, etc. Suite 210
---	---

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Tempe, AZ	<b>City &amp; State</b> Tempe, AZ	<b>4. FEI Number</b> 86-1031011	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 85281	<b>Country</b> USA	<b>Zip</b> 85281	<b>Country</b> USA
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b> Coffey, Doreen J. 5603 E. Colonial Drive Orlando, FL 32807	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGRM	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Billups, Curtis J.		<b>NAME</b>	
<b>STREET ADDRESS</b> 51089 W. Papago Rd.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> Maricopa, AZ 85239		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MGRM	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Quick Cash Advance, Inc.		<b>NAME</b> Quick Cash Advance, Inc.	
<b>STREET ADDRESS</b> 602 W. Indian School Rd.		<b>STREET ADDRESS</b> 2155 E. University Dr., Suite 210	
<b>CITY-ST-ZIP</b> Phoenix, AZ 85013		<b>CITY-ST-ZIP</b> Tempe, AZ 85281	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

CR2E083 (1/1/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:** Curtis J. Billups **Curtis J. Billups** **08/28/01 954-917-8808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #