



**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90064 005 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L21542</b>					
1. Entity Name <b>FAST CASH SERVICES, INC.</b>					
Principal Place of Business <b>5106 CATOMA ST JACKSONVILLE, FL 32210</b>		Mailing Address <b>5106 CATOMA ST JACKSONVILLE, FL 32210 US</b>			
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 <b>59-2978526</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HAYES, GLENN T. 5106 CATOMA STREET JACKSONVILLE, FL 32210</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when changing)</small>					
FILING NOW WITH FEE IS \$150.00. After May 11, 2003 Fee Will Be \$550.00. Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, GLENN T.		NAME		
STREET ADDRESS	5106 CATOMA STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 507, 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: 		GLENN HAYES 6/10/03 904-777-5836			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone			

90139284



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment 90139284  
L21542

Fast Cash Services, Inc.  
5106 Catoma Street  
Jacksonville, FL 32210

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 2003 Uniform Business Report**

June 10, 2003

Dear Sir or Madam:

As per telephone instructions from your office I do hereby ~~affirm that I did not~~ and have not received as normal, via United States Postal Service, the Florida Department of State Annual Corporate Report. (Actually, upon reflection I do not recall receiving any correspondence from the State of Florida since changing my address.)

I was further instructed to download the UBR form from the Florida Corporations web site, sign it, attach a letter stating I did not receive the UBR as normal, and submit all with a fee of one hundred and fifty (\$150.00) dollars, which I am now doing.

Thank you for your time, courtesy and consideration in this matter.

Sincerely,



Glenn T. Hayes  
Fast Cash Services, Inc.