

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000854

1. Entity Name

AMERICA'S CASH DEPOT OF FLORIDA L.C.

Principal Place of Business

5099 COTSWOLD LANE
MEMPHIS TN 38125

Mailing Address

5099 COTSWOLD LANE
MEMPHIS TN 38125

2. Principal Place of Business

815 Excelsior, Suite 107
Suite, Apt. #, etc.
107

3. Mailing Address

P.O. Box 3073
Suite, Apt. #, etc.

City & State

Cordova TN

City & State

Cordova TN

Zip

38018

Country

USA

Zip

38088

Country

USA

4. FEI Number

62-1696504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARDWELL, LELAND
5099 COTSWOLD LANE
MEMPHIS TN 38125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RICE, KYLE
1560 WHITMAR PLACE
MEMPHIS TN 38120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004367505-
06/06/01--01043--023
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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 608, Florida Statutes.

SIGNATURE:

Jan Tower
SIGNATURE Jan Tower Finance Officer

Date

5/1/01

Daytime Phone #

(901)737-2988