

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000282

1. Entity Name

CHECK ADVANCE SERVICE HEADQUARTERS, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 26 PM 3:26



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2405 S. FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address

2405 S. FLORIDA AVENUE
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

P.O. BOX 8556

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

33037

MONROE

611363123 611363127

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIELSEN, BETTY
2405 S. FLORIDA AVENUE
LAKELAND FL 33803

Name

V. ILENE ARNOLD

Street Address (P.O. Box Number is Not Acceptable)

68 ANDROS ROAD

(P.O. Box 8556 for mailing)

City

KEY LARGO

FL

Zip Code

33037-8556

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 V. ILENE ARNOLD

Signature, typed or printed name of registered agent and title if applicable.

V. Ilene Arnold

(NOTE: Registered Agent signature required when reinstating)

9-20-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

BLT

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: V. ILENE ARNOLD

9-21-01

305-453-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)