2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # M76903 1. Entity Name CHECK EXPRESS FLORIDA, INC.				SECRETARY OF STATE DIVISION OF CORPORATIONS 00 JUN 28 AM 8: 09		
Principal Place of Business Mailing Address				- 00 JUN 58 HIL O.	0,5	
1231 GREENWAY DRIVE STE. 800 IRVING TX 75038 US		1231 GREENWAY DRIVE STE. 800 IRVING TX 75038-2536 US		1 (88:18); HI 186:7 AMIA 181:1 32:170 (1) 110:1 8(8);	BIĞIL ATALI ƏTALI ƏTƏLI SEDI	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE	
City & State		City & State		4. FE) Number 59-2884144	Applied For Not Applicable	
Zip	Country	Zip	Country		68.75 Additional ee Required	
-, -	6. Name and Address of Current Re	egistered Agent 😁 🚤	 	7. Name and Address of New Registered A	gent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Make Check Payable		tate	\$5.00 May Be Added to Fees	
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBP NEUSTADT, DONALD 1231 GREENWAY DRIVE SUITE 80 IRVING TX 75038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$000032650 	☐ Change ☐ Addition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTY, RAYMONND E 1231 GREENWAY DRIVE SUITE 80 IRVING FL 75038	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	****900.00	050001 *********************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHIPOWITZ, JAY B 1231 GREENWAY DR SUITE 800 IRVING TX 75038	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- · · •	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SHIPOWITZ, JAY B 1231 GREENWAY DR SUITE 800 IRVING TX 75038	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empowers or on an attachment with an address, with	rue and accurate and that my rered to execute this report as	ne exemption stated in signature shall have the required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further cerl e same legal effect as if made under oath; that I a 07, Florida Statutes; and that my name appears in	ify that the information m an officer or in early Block 11 or Block 12 if	