

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90204 036 \*\*\*\*50.00

**DOCUMENT # M95000000216**

1. Entity Name

**MCKENZIE CHECK ADVANCE OF FLORIDA, L.C.**

Principal Place of Business

**961 EAST MAIN STREET  
 SPARTANBURG SC 29302**

Mailing Address

**961 EAST MAIN STREET  
 SPARTANBURG SC 29302**

2. Principal Place of Business

**135 N. Church St**

3. Mailing Address

**PO Box 3058**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Spartanburg SC**

City & State

**Spartanburg SC**

Zip

**29306**

Country

**Spartanburg**

Zip

**29304**

Country

**Spartanburg**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, GEORGE D JR</b>	
STREET ADDRESS	<b>961 EAST MAIN STREET</b>	
CITY-ST-ZIP	<b>SPARTANBURG SC 29302</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>WEBSTER, WILLIAM M IV</b>	
STREET ADDRESS	<b>961 EAST MAIN STREET</b>	
CITY-ST-ZIP	<b>SPARTANBURG SC 29302</b>	
TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLIE R, MONICA L</b>	
STREET ADDRESS	<b>961 EAST MAIN STREET</b>	
CITY-ST-ZIP	<b>SPARTANBURG SC 29302</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ADVANCE AMERICA CASH ADVANCE CENTERS INC</b>	
STREET ADDRESS	<b>961 EAST MAIN STREET</b>	
CITY-ST-ZIP	<b>SPARTANBURG SC 29302</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>135 N. Church St</b>	
STREET ADDRESS	<b>Spartanburg, SC</b>	
CITY-ST-ZIP	<b>29306</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wayne W. Hall</b>	
STREET ADDRESS	<b>135 N. Church St</b>	
CITY-ST-ZIP	<b>Spartanburg, SC</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>135 N. Church St</b>	
STREET ADDRESS	<b>Spartanburg SC</b>	
CITY-ST-ZIP	<b>29306</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (9/01)

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:** *Wayne W. Hall* **REQUIRED** **Wayne W. Hall Mgr/Secretary 4-24-2002 (864) 515-5600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #