## **2001 UNIFORM BUSINESS REPORT (UBR)**

Zip Country Zip Country 5, Certificate of Status Desired Specified Status Desired Specified Status Desired Specified Status Desired Specified Spec	1. Entity Name  CASH COW SERVICES OF FLORIDA, LLC  Principal Place of Business  Mailing Address  2011 DELTA BLVD. #A TALLAHASSEE FL 32303  TALLAHASSEE FL 32303  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Do Not Writte in this space  City & State  City & State  City & State  City & State  Country  Zip  Country  To Country  To Country  To Country  To Country  To Name and Address of New Registered Agent  Name  PEREZ, SANTOS  Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicab Additional quired
Principal Place of Business	Principal Place of Business Mailing Address  2011 DELTA BLVD #A TALLAHASSEE FL 32303  2. Principal Place of Business Suite, Apt. #, etc.  City & State  Country  Country  Country  Tallahassee FL 32303  SECRETARY OF STATE TALLAHASSEE, FLORIDA  A HALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  A TALLAHASSEE FL 32303  A Mailing Address  DO NOT WRITE IN THIS SPACE  City & State  4. FEI Number  59-3541069  To Status Desired  Fee Ret  Country  To Name and Address of New Registered Agent  Name  PEREZ, SANTOS  Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicab Additional quired
Principal Place of Business	Principal Place of Business Mailing Address  2011 DELTA BLVD #A TALLAHASSEE FL 32303  2. Principal Place of Business Suite, Apt. #, etc.  City & State  Country  Country  Country  Tallahassee FL 32303  SECRETARY OF STATE TALLAHASSEE, FLORIDA  A HALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  A TALLAHASSEE FL 32303  A Mailing Address  DO NOT WRITE IN THIS SPACE  City & State  4. FEI Number  59-3541069  To Status Desired  Fee Ret  Country  To Name and Address of New Registered Agent  Name  PEREZ, SANTOS  Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicab Additional quired
2011 DETA BUD. A TALLAHASSEE FL 22030  2. Principal Place of Business  Suite, Apt. #, atc.	2011 DELTA BLVD #A TALLAHASSEE FL 32303  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE  City & State City & State City & State City & State  City & State  Country To Country To Name and Address of New Registered Agent  Name  PEREZ, SANTOS Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicab Additional quired
TALLAHASSEE FL 3200  2. Principal Place of Business  3. Mailing Address  Sufe, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Applied F  Supplied F	TALLAHASSEE FL 32303  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State  City & State  City & State  Country  Zip  Country  To Country  To Name and Address of Current Registered Agent  Name  PEREZ, SANTOS  TALLAHASSEE FL 32303  T	Applied For Not Applicab Additional quired
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  59-354 1069  Country  5. Certificate of Status Desired  Fee Rec  6. Name and Address of Current Registered Agent  Name  PEREZ, SANTOS  Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicab Additional quired
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Space   Spac	Zip Country Zip Country 5. Certificate of Status Desired Status Desired Name  6. Name and Address of Current Registered Agent  Name  PEREZ, SANTOS  Street Address (P.O. Box Number is Not Acceptable)	Not Applicable Additional quired
Specificate of Status Desired   Sp.00 Additional Fee Required   Sp.00 Additional Fee Republic   Sp.00 Additional Fee Republi	Zip Country . Zip	Additional quired
B. Name and Address of Current Registered Agent  PEREZ, SANTOS 2000 OLD FORT DR. TALLAHASSEE FL 32301  The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, house or preed rains of registered agent and title if explicities.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  PEREZ, SANTOS Street Address (P.O. Box Number is Not Acceptable)	
PEREZ, SANTOS 2000 OLD FORT DR. TALLAHASSEE FL 32301  8. The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SUBJECT ADDRESS ON MANAGING MEMBERS / MEMBERS   10.	PEREZ, SANTOS  Street Address (P.O. Box Number is Not Acceptable)	
2000 OLD FORT DR. TALLAHASSEE FL 32301  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, opead or privace reason of registered agent and title if expricative.  (NOTE Registered Agent algorithm required when reneathing)  PATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  ITILE  NAME  SIREH MORES  CITY-ST-2P  TITLE  NAME  SIREH MORES  CITY-ST-2P  Change Ad  AN  AN  AN  SIREH MORES  CITY-ST-2P  TITLE  NAME  SIREH MORES  CITY-ST-2P  Change Ad  AN  AN  AN  SIREH MORES  CITY-ST-2P  TITLE  NAME  SIREH MORES  CITY-ST-2P  Change Ad  AN  AN  AN  Change Ad  AN  AN  AN  Change Ad  AN  AN  Change Ad  AN  AN  Change Ad  AN  AN  Change Ad  AN  AN  AN  Change Ad  AN  AN  AN  Change Ad  AN  AN  AN  AN  AN  AN  AN  AN  AN		
TALLAHASSEE FL 32301  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  SIG	ZUW ULD FURT UR.	
City   FL   Zip Code	TALLAHASSEE EL 32301	
B. 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, typad or printed name of registered agent and title if application. (NOTE: Registered Agent algorithms required when reinstating)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/ MEMBERS  10. ADDITIONS/CHANGES  ITILE  MAME  SWANK, JEFF  7096 MCCLURE  TOP-51-2P  TOP-51-2P  TOP-51-2P  TOP-51-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRRET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRRET ADDRESS  CITY-51-2P  TITLE  MAME  SIRRET A	The state of the s	Code
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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	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 mar	ne information nager of the
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