

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91167 010 ***158.75

771191

DOCUMENT # **P00000028891**

1. Entity Name

CASH BACK AMERICA, INC.

Principal Place of Business

Mailing Address

(SAME)

5449 SO. SEMORAN BLVD., STE 20
ORLANDO, FL. 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3639129

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RONALD K. GOODING
34315 DONNAVISTA PL.
EUSTIS, FL. 32736

7. Name and Address of New Registered Agent

Name **GARY DOANE**
 Street Address (P.O. Box Number is Not Acceptable) **738 W. COLONIAL DR.**
 City **ORLANDO** FL Zip Code **32804**

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: If stated Agent signature required when reinstating)

Date

4/27/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** **RONALD K. GOODING** ☒ Delete
 NAME
 STREET ADDRESS **34315 DONNAVISTA PL.**
 CITY-STATE-ZIP **EUSTIS, FL. 32736**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** **RICHARD STUPPLE** ☒ Change ☐ Add
 NAME
 STREET ADDRESS **19 MAPLE END**
 CITY-STATE-ZIP **ALCONBURY, ENG**

TITLE **V** **DARREL WEST** ☐ Change ☒ Add
 NAME
 STREET ADDRESS **4923 OAK ISLAND RD.**
 CITY-STATE-ZIP **ORLANDO, FL. 32822**

TITLE **T.S.** **BOB LANE** ☐ Change ☒ Add
 NAME
 STREET ADDRESS **12711 BROLEMAN RD.**
 CITY-STATE-ZIP **ORLANDO, FL. 32804**

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. 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 or supplemental report is true and accurate and that my name appears in Block 11 or Block 12.

SIGNATURE:

Bob Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

Attachment
#P000000028891
771191

STATEMENT OF CHANGE OF OFFICERS AND DIRECTORS FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its Officers and Directors, or both, in the State of Florida.

1. The name of the corporation: CASH BACK AMERICA, INC.
2. The mailing address of the corporation: 5449 S. SEMORAN BLVD, STE 20,
ORLANDO, FL. 32822
3. Date of incorporation/ qualification: 10/13/00 Document Number: P000000 28891
4. The name and address of the current officers and directors: RONALD K. GOODING
34315 DONNAVISTA FL.
CUFIT5, FL. 32736
5. The name and address of the new officers and directors: RICHARD STUPPLE, 19 MAPLE END, ALCONBURY, ENG. - PRES.
DARREL WEST, 4923 OAK ISLAND DR., ORLANDO, FL. - V. PRES.
BOB LANE, 12711 BROLEMAN RD., ORLANDO, FL. - SECTY-TREAS.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized the board.

[Signature]
(Signature of an officer, chairman or Vice chairman of the board)

2/15/01
(Date)

RONALD K. GOODING
(Printed or typed name and title)

I except the appointment and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

X [Signature]
X Bob Lane
X [Signature]

attachment
#P 000000028891
77491

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CASHBACK AMERICA, INC.
5449 S. SEMORAN BLVD, STE 20, ORLANDO, FL. 32822
2. The mailing address of the corporation: (AS ABOVE)

3. Date of incorporation/qualification: 10/13/2000 Document number: P00000028891

4. The name and address of the current registered agent and office:

RONALD K. GOODING
34315 DONNAVISTA PL.
EUSTIS, FL. 32736

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

GARY DOANE
738 W. COLONIAL DR.
ORLANDO, FL. 32804

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

2/15/01
(Date)

RONALD K. GOODING
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

2/15/01
(Date)

If signing on behalf of an entity:

GARY DOANE
(Typed or Printed Name)

attly
(Capacity)

*** FILING FEE: \$35.00 ***