FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # P00000028 891		05-01-2002 91521 015 ***158.75
CASH BACK AMERICA, I.	re.	
DO NOT WRITE IN THIS	SPACE	
2. Principal Place of Business 5449 So Schorn & 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.	í	DO NOT WINTE WATER OF THE
City & State		
OKEANDO, TE.		C0 - 3/ 30/39 Inspired to
Zip 32822 Country SA Zip	Country	5. Certificate of Status Desired 52 \$8.75 Additional
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DO NOT WRITE	Name	GARY DOANE
- •	Street Ad	ddress (P.O. Box Number is Not Acceptable)
IN THIS SPACE	735	8 W (2)
* * * * * * * * * * * * * * * * * * *	City	
The above named entity submits this statement for the purpose of changing	DO NOT WRITE IN THIS SPACE Place of Business So Schoran & 3. Mailing Address DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. City & State Country So Schoran & Applied For Not Applied For N	
SIGNATURE	its registered office or re	registered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title I applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	its registered office or re iote: Registered Agent signature - May 1 Fee le \$150.0 4 y 1, Fee le \$55.00 4 ded UBR le \$51.25	registered agent, or both, in the State of Florida. DATE 10. Election Campaign Financing \$5.00 May B
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13. Thereby 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

me

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS