

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90165 008 ***150.00

DOCUMENT # P00000064432

1. Entity Name
CASH OUT 24/7 CORP.

Principal Place of Business
8499 SOUTH TAMiami TRAIL #266
SARASOTA FL 34238

Mailing Address
8499 SOUTH TAMiami TRAIL #266
SARASOTA FL 34238



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1030585**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHACKELFORD, REVA D
8499 SOUTH TAMiami TRAIL #266
SARASOTA FL 34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE/NAME
D. SHACKELFORD, REVA D
 STREET ADDRESS
8499 SOUTH TAMiami TRAIL #266
 CITY-ST-ZIP
SARASOTA FL 34238

TITLE/NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE/NAME
D. YENTA, PAULA
 STREET ADDRESS
8499 SOUTH TAMiami TRAIL #266
 CITY-ST-ZIP
SARASOTA FL 34238

TITLE/NAME
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 CITY-ST-ZIP

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TITLE/NAME
 STREET ADDRESS
 CITY-ST-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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

P000000064432

CASH OUT 24/7 CORPORATION
8499 SOUTH TAMiami TRAIL # 266
SARASOTA, FLORIDA 34238

124893

August 27, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Fl 32302-1500

Re: 2002-Uniform Business Report-(UBR)-
Waiver request of late filing fee.

Gentlemen:

Pursuant to your late filing fee instructions, we are requesting a waiver of the late filing fee because the corporation had not received any prior notice.

Enclosed with this letter is a check representing the original \$ 150.00 filing fee that was due prior to May 1, 2002.

We ask you to accept our request for the waiver of the late filing fee.

Sincerely,



Reva D. Shackelford
President