

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90070 030 ***150.00

DOCUMENT # P00000085833

1. Entity Name
KWIK KASH ATM, INC.

Principal Place of Business 2333 CHESHIRE LANE NAPLES FL 34109	Mailing Address 2333 CHESHIRE LANE NAPLES FL 34109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7408 Dickens Dr	3. Mailing Address 7408 Dickens Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA FL	City & State SARASOTA FL	4. FEI Number 59-3668922	Applied For <input type="checkbox"/> Not Applicable
Zip 34231	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 34231	Country		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEILAND, DERRILL
2333 CHESHIRE LANE
NAPLES FL 34109

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	DERRILL HEILAND	2333 Cheshire Lane	Naples FL 34109	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V-President	Lynne Mayer	7408 Dickens Dr	SARASOTA FL 34231	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Derrill Heiland **DERRILL J HEILAND** President 01/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
941-596-0992

CR2E034 (10/00)