

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90050 049 ***158.75

DOCUMENT # P00000094883

1. Entity Name

THE STORE FOR MONEY INC.

Principal Place of Business

**6320 SW 6TH STREET
HOLLYWOOD FL 33023**

Mailing Address

**6320 SW 6TH STREET
HOLLYWOOD FL 33023**

2. Principal Place of Business

6140 Peters RD

3. Mailing Address

6140 Peters RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation Fla.

City & State

Plantation Fla.

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

65-1045188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAEKO, PAUL D
6320 SW 6TH STREET
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

**Patricia H. Schille
6140 Peters Road
Plantation
Plantation**

FL 33317

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 **Patricia H. Schille**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARKO, PAUL DAVID	
STREET ADDRESS	6320 SW 6TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Patricia H. Schille Pres/Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6140 Peters RD	
STREET ADDRESS	Plantation Fla. 33317	
CITY-ST-ZIP	Plantation Fla. 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Patricia H. Schille**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 PSF-587-5601
Date Daytime Phone #

CR2E034 (9/01)