

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 19 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

100000094883  
The Store For Money Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6140 Peters RD.

3. Mailing Address

6140 Peters RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL.

City & State

Plantation, FL.

4. FEI Number

65-1045188

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Patricia H. Scholle

Street Address (P.O. Box Number is Not Acceptable)

6140 Peters RD.

City

Plantation

FL

Zip Code

33317

DO NOT WRITE  
IN THIS SPACE

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

Patricia H. Scholle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director - President Secretary  
Patricia H. Scholle  
6140 Peters RD  
Plantation, FL. 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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06/23/03--01127--006 \*\*158.75

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia H. Scholle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/03

Date

954-587-5601

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

P000000094883

The Store for Money Inc  
6140 Peters Road  
Plantation, Florida 33317

To : The Florida Department of State, Division of Corporation

Please be advise that I Patricia H. Scholle did not receive in the mail my renewal for my company this year. Please accept the check enclosed for my renewal. If you have any Questions feel free to call me at 954-587-5601.

Thank You in advance for you assistance

*Patricia H. Scholle* 6/1/03

Sincerely Patricia H. Scholle President

ps : Please accept this as your authorization to remove Paul David Marko at 6320 SW 6<sup>th</sup> St. / Hollywood, Fl. 33023 from this corporation. I will be the sole director and officer of The Store For Money Inc. My titles will be Director /President / Secretary and register agent – Thank you

*Return with  
connections  
[Signature]*

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094883

1. Entity Name

THE STORE FOR MONEY INC.

**FILED**  
May 13, 2002 8:00 a  
Secretary of State

05-13-2002 90050 049 \*\*\*158.75

Principal Place of Business

Mailing Address

6320 SW 6TH STREET  
HOLLYWOOD FL 33023

6320 SW 6TH STREET  
HOLLYWOOD FL 33023

B0095919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6140 Peters RD

6140 Peters RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation Fla.

Plantation Fla.

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

Name: Patricia H. Schiller  
Street Address: 6140 Peters Road  
City: Plantation  
State: FL  
Zip: 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

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

(NOTE: Registered Agent signature required when reissuing)

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 \$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
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Patricia H. Schiller Pres/Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia H. Schiller	
STREET ADDRESS	6140 Peters RD	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		

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SIGNATURE:

Patricia H. Schiller

4/10/02 Patricia Schiller

216/11