2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

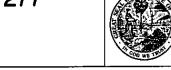
DOCUMENT

SIGNATURE

P00000111277

1. Entity Name G T CHECK CASHING, INC.

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



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90846 028 ***150.00

DATE

			COO WE THE	,		
Principal Place of Business 1795 EAST HWY 50 STE B CLERMONT FL 34711		Mailing Address SMALLEY AND COMPANY. PA 1517 E. HILLCREST STREET ORLANDO FL 32803				
2. Principal Place of Business		3. Mailing Address		T THE STREET AND SHOULD BEAUTH COULD BOTH THE STREET WHICH THE STREET AND STR		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3637164	Applied For Not Applicable	
Zip	Country	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SINGH, YOGMATIE 1124 BRANDY CREEK DRIVE WINTER GARDEN FL 34787			Name Stoot Address	Name Street Address (P.O. Box Number is Not Acceptable)		
			Street Address (Street Address (F.O. Box Northber is Not Acceptable)		
THE CAN	ngen ie omor		City	FI	Zip Code	
	med entity submits this stater is of registered agent.	nent for the purpose of changing its r	registered office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE TITLE ☐ Delete LACHMANE, LEON NAME NAME 1124 BRANDY CREEK DRIVE STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-7IP

CR2E034 (10/02)