

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000032030

1. Entity Name

EZ CHECK CASHING OF SARASOTA, INC.



Principal Place of Business

4178 ROBERTS POINT CIR
SARASOTA, FL 34242

Mailing Address

4178 ROBERTS POINT CIR
SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE



08172004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1091306

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, TERRI
4178 ROBERTS POINT CIR
SARASOTA, FL 34242

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000170799
08/24/04-80002-002 558.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME YOUNG, TERRI
STREET ADDRESS 4178 ROBERTS POINT CIR
CITY-ST-ZIP SARASOTA, FL 34242

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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 Block 11 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 #