

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90053 028 ***150.00

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1. Entity Name
UNCLE SAM'S CHECK CASHING, INC.



Principal Place of Business
**6336 SAN JUAN AVE
JACKSONVILLE, FL 32210**

Mailing Address
**P.O. BOX 1747
ORANGE PARK, FL 32067-1747**

50009363



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3740630

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLS, JOHN W
1329 KINGSLEY AVE
ORANGE PARK, FL 32073**

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PP
NAME	NICHOLS, JOHN W
STREET ADDRESS	1329 KINGSLEY AVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VPP
NAME	NICHOLS, STEVEN P
STREET ADDRESS	19310 OAK VIEW TERRACE
CITY-ST-ZIP	HOUSTON, TX 77094
TITLE	VPD
NAME	SILVERMAN, STEPHEN J
STREET ADDRESS	3673 CATHEDRAL OAKS PL S
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. NICHOLS

1-29-05

Date

904-264-1665

Daytime Phone #