2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085732

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

Principal Place of Business	Mailing Address
6336 SAN JUAN AVE JACKSONVILLE, FL 32210	P.O.BOX 1747 ORANGE PARK, FL 32067-1747

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3740630	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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

U000000865288
04/07/08-00022-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PP
NAME	NICHOLS, JOHN W
STREET ADDRESS	1329 KINGSLEY AVE
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	VPD
NAME	SILVERMAN, STEPHEN J
STREET ADDRESS	3673 CATHEDRAL OAKS PL S
CITY-ST-ZIP	JACKSONVILLE, FL 32217

TITLE	
NAME	
STREET ADDRESS	
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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 exemptions contained in Chapter 119, 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 #