FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 20 PM 4:35

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000050702

1. Entity Name
UNITED STATES CHECK CORPORATION

Principal Place of Business	Mailing Address
9261 WEST SUNRISE BLVD PLANTATION, FL 33322	9261 WEST SUNRISE BLVD PLANTATION, FL 33322

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0681649 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD P. GREENE, P.A.
2455 EAST SUNRISE BLVD SUITE 905
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name: Richard J. Arthur
Street Address (P.O. Box Number Is Not Acceptable): 9261 W. Sunrise Blvd.
City: Plantation, FL Zip Code 33322

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] March 14, 2003
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, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIANSEN, ROBERT V 9261 WEST SUNRISE BLVD PLANTATION, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000014[illegible] 03/20/03--01070--019 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, RICHARD J 9261 WEST SUNRISE BLVD PLANTATION, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] March 14, 2003 (954) 474-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #