FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91513 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059295

1. Entity Name
A-1 CHECK CASHING, INC.

10089843

Principal Place of Business	Mailing Address
36 S SEMORAN BLVD ORLANDO, FL 32807	36 S SEMORAN BLVD ORLANDO, FL 32807

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1191 EAST ALTAMONTE DR.	1191 EAST ALTAMONTE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. FEI Number 48-1262012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIPPLER, WILLIAM F
36 S SEMORAN BLVD
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name: RICHARD C. GATES
Street Address (P.O. Box Number is Not Acceptable): 1191 EAST ALTAMONTE DR.
City: ALTAMONTE SPRINGS FL Zip Code: 32701

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] RICHARD C. GATES 4-24-03
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 TRIPPLER, WILLIAM F 4368 TIDEWATER DR ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GATES, RICHARD C 201 BRUSHCREEK DR SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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] RICHARD C. GATES 4-24-03 407-474-6885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #