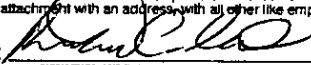


FILED
Apr 28, 2003 8:00 am
Secretary of State

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.			
Principal Place of Business 36 S SEMORAN BLVD ORLANDO, FL 32807		Mailing Address 36 S SEMORAN BLVD ORLANDO, FL 32807	
2. Principal Place of Business 1191 EAST ALTAMONTE DR. Suite, Apt. #, etc.		3. Mailing Address 1191 EAST ALTAMONTE DR. Suite, Apt. #, etc.	
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS, FL	
Zip 32701		Zip 32701	
Country USA		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. ALTAMONTE SPRINGS 32701 City FL Zip Code	
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  RICHARD C. GATES 4-24-03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D TRIPPLER, WILLIAM F 4368 TIDEWATER DR ORLANDO, FL 32812			
D GATES, RICHARD C 201 BRUSHCREEK DR SANFORD, FL 32771			
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:  RICHARD C. GATES 4-24-03 407-474-6885 Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Central Phone #			

10089843



☒ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)