

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P28940**

1. Entity Name

JOE MONEY MACHINERY CO., INCORPORATED

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90024 035 ***158.75

Principal Place of Business

**10009 RAYMAR ST.
PENSACOLA FL 32534**

Mailing Address

**P.O. BOX 7049
PENSACOLA FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0251962**

Applied For

No: Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOY, HERMAN R
4296 CHANTILLY WAY
MILTON FL 35283**

Name

Street Address (P.O. Box Number's Not Acceptable)

City

State

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.

SIGNATURE

Signature, typed or printed name of registered agent has the effect of

(NOTE: Registered Agent's signature does not have the effect of)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
(Make Check Payable to Department of State)

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MONEY, CHARLES S**
STREET ADDRESS **P.O. BOX 997**
CITY-STATE-ZIP **BIRMINGHAM AL 35201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Delete
NAME **MONEY, JAMES**
STREET ADDRESS **605 OAKLAND DRIVE**
CITY-STATE-ZIP **MIDFIELD AL 35228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **S** ☐ Delete
NAME **MONEY, CLYDE**
STREET ADDRESS **1412 46TH ST. WEST**
CITY-STATE-ZIP **BIRMINGHAM AL 35208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VPS** ☐ Delete
NAME **HUDSON, WAYNE**
STREET ADDRESS **12805 NECTUR 160**
CITY-STATE-ZIP **CLEVELAND AL 35049**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **T** ☐ Delete
NAME **MONEY, HELEN S**
STREET ADDRESS **3529 BELLE MEADE LN.**
CITY-STATE-ZIP **BIRMINGHAM AL 35223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VPF** ☐ Delete
NAME **BOX, RON**
STREET ADDRESS **P.O. BOX 997**
CITY-STATE-ZIP **BIRMINGHAM AL 35201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)