

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90216 047 ***150.00

A0065603

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000011650
 1. Entity Name
A CHECK CASHING PLACE INC.

Principal Place of Business Mailing Address
400 W. Cervantes ST. 400 W. Cervantes ST.
Pensacola, FL. 32505 Pensacola, FL. 32505

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 59-3152955	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
Minshew, Lisa S.
555 E. Government ST.
Pensacola, FL. 32501

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEES \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	Minshew, Fermon	
STREET ADDRESS	438 E. Bayfront Dr.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Minshew, Helen	
STREET ADDRESS	438 E. Bayfront Dr.	
CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Minshew, Don K.	
STREET ADDRESS	1904 Lloyd St.	
CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Minghew, Lisa S.	
STREET ADDRESS	555 E. Government St.	
CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 all other like empowered.

SIGNATURE: Don Minshew **DON MINSHEW -VP** 4/26/01 850433-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)