

# 2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P95000024369

1. Entity Name  
ALL KINDS CASHED, INC.

FILED

00 JUL 24 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

2020 S. COMBEE ROAD  
LAKELAND FL 33801

Mailing Address

PO BOX 297  
EATON PARK FL 33840  
US

2. Principal Place of Business

SAME AS ABOVE  
Suite, Apt. #, etc.  
#6

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

Zip

Country

FLA

City & State

Zip

Country

FLA

4. FEI Number

59-3351992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROBERT, KENNETH  
117 QUAILWOOD DR  
WINTER HAVEN FL 33388

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS ROBERTS, KENNETH C  
CITY-ST-ZIP 117 QUAILWOOD DRIVE  
WINTER HAVEN FL 33880

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROBERTS, CHRISTOPHER S  
CITY-ST-ZIP 2020 S. COMBEE ROAD  
LAKELAND FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 200003351522-0  
STREET ADDRESS -08/09/00--01092--014  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]* Kenneth C. Roberts

7-19-00

863-665-3695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

July 19, 2000 **Zf2**

To Whom it may concern,

I'm very sorry we did not get this form to you at the correct time but the mail got misplaced & I did not see the letter until it was too late. Again I'm very sorry.

Sincerely yours  
Susan Moeller