

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050241

1. Entity Name

CASH 4 TITLES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90037 008 ***150.00

Principal Place of Business Mailing Address
PIEDMONT RD 1878 PIEDMONT RD
GA 30324 ATLANTA GA 30324-4839
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 4095 Embassy Dr. SE
City & State Suite, Apt. #, etc.

City & State Grand Rapids MI
Zip 49546 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2285149
Applied For Not 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

ELSBERRY, MICHAEL V
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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, 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 \$150.00**
After MAY 1, 2000 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	Receiver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMA, RICHARD		NAME	Phillip S. Stenger	
STREET ADDRESS	1878 PIEDMONT RD		STREET ADDRESS	4095 EMBASSY DRIVE SE	Sec v Homa
CITY-ST-ZIP	ATLANTA GA 30324		CITY-ST-ZIP	GRAND RAPIDS MI 49546	Case 99C-6895
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: as Receiver 4-10-00 616 940-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)