

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90107 002 \*\*\*150.00

**DOCUMENT # P95000081604**

1. Entity Name  
**THE CASH CAN UNLIMITED, INC.**

Principal Place of Business 3095 S. MILITARY TRAIL, SUITE 12 LAKE WORTH FL 33463	Mailing Address 3095 S. MILITARY TRAIL, SUITE 12 LAKE WORTH FL 33463-2108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2863 Northlake Blvd.</b>	3. Mailing Address <b>2863 Northlake Blvd.</b>
Suite, Apt. #, etc. <b>#2</b>	Suite, Apt. #, etc. <b>#2</b>
City & State <b>Lake Park, FL</b>	City & State <b>Lake Park, FL</b>
Zip <b>33403</b> Country <b>Palm Beach</b>	Zip <b>33403</b> Country <b>Palm Beach</b>

4. FEI Number <b>65-0622626</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**CLARKE, KEVIN D**  
**3095 S. MILITARY TRAIL, SUITE 12**  
**LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent  
 Name **Kevin D Clarke**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2863 Northlake Blvd. #2**  
 City **Lake Park** **FL** Zip Code **33403**

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 **1/21/00**  
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!!! 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, KEVIN D</b> <b>4486 WALDEN CIRCLE</b> <b>LAKE WORTH FL 33462</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, CLIFTON L</b> <b>507 S. DIXIE HIGHWAY</b> <b>LAKE WORTH FL 33460</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kevin D. Clarke** Date **1/21/00** Daytime Phone # **561-642-9294**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR