

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048563

1. Entity Name

E. Z. CHECK CASHING OF CLEARWATER, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90104 025 ***158.75

Principal Place of Business

Mailing Address

17948 US HWY 19 N
CLEARWATER FL 33764
US

17948 US HWY 19 N
CLEARWATER FL 33764-3511
US

2. Principal Place of Business

3. Mailing Address

4114 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota FL

4. FEI Number 59-3383591

Applied For

Not Applicable

Zip

Country

Zip 34231

Country

USA

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

YOUNG, TERRI

4178 ROBERTS POINT CIR
SARASOTA FL 34242

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 S
NAME YOUNG, TERRI
STREET ADDRESS 4178 ROBERTS POINT
CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

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

TITLE P
NAME YOUNG, JEFF
STREET ADDRESS 4178 ROBERTS POINT
CITY-ST-ZIP SARASOTA FL 34242 ☒ Delete

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

TITLE T
NAME CHILTON, SHERRI
STREET ADDRESS 1219 MARAVISTA DR
CITY-ST-ZIP NEW PRT RICHEY FL ☐ Delete

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

TITLE VP
NAME LAWRENCE, WILLIAM C
STREET ADDRESS 9503 OCEAN DR W
CITY-ST-ZIP EMERALD ISLE NC ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)