

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90089 005 \*\*\*158.75

**DOCUMENT # P96000048563**

1. Entity Name

**E. Z. CHECK CASHING OF CLEARWATER, INC.**



Principal Place of Business  
17948 US HWY 19 N  
CLEARWATER FL 33764  
US

Mailing Address  
4114 S TAMiami TRAIL  
SARASOTA FL 34231  
US

2. Principal Place of Business

**4980 PARK Blvd N.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pinellas Park Florida**

City & State

4. FEI Number **59-3383591**

Applied For  
Not Applicable

Zip  
**33781**

Country  
**USA**

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**LAWRENCE, SHERRI**  
**4910 MYAKKA VALLEY TRAIL**  
**SARASOTA FL 34241**

☐ Delete

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/03**

**941-921-9712**

Date

Daytime Phone #

CR2E034 (10/02)