

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051940

1. Entity Name

FLORIDA CASH EXPRESS, INC.

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90002 028 ***150.00

Principal Place of Business

Mailing Address

405 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952
US

POST OFFICE BOX 2928
MERIDIAN MS 39302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **64-0878391**

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

SMITH, LEROY
133 WINCHESTER WAY
CRESTVIEW FL 32539

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.

(NOT

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!
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	GOLDMAN, EDNA	
STREET ADDRESS	2900 E. PIONEER PKWY., #424	
CITY-ST-ZIP	ARLINGTON TX 76010	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDMAN, DENNIS JR	
STREET ADDRESS	2001 COUNTRY CLUB RD	
CITY-ST-ZIP	TUPELO MS	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GOLDMAN, PAUL	
STREET ADDRESS	2105 31ST STREET	
CITY-ST-ZIP	MERIDIAN MS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 no 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

Secretary 5/29/01

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
P96000051940
772072

Florida Cash Express Inc

1500 Roebuck Drive
P.O. Box 2928
Meridian, MS 39302

Florida Department of State
Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302
May 29, 2001

RE:: P96000051940

Dear Department of State,

Please find enclosed our Uniform Business Report for the year 2001. We realize that we have missed the filing deadline. We are asking that any penalty be abated due to the circumstances involved. Our tax professionals have suffered one emergency after another; a death in the family, a near fatal car accident, and two surgeries to the eye. It was discovered today that this report had not been filed and we have rectified the situation immediately. Please accept our apologies and any inconvenience we have caused.

Sincerely,



Rachele Gooch, Tax Accountant