

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91790 005 ***150.00

DOCUMENT # P96000051940

1. Entity Name

FLORIDA CASH EXPRESS, INC.

Principal Place of Business

**405 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952
US**

Mailing Address

**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

4. FEI Number

64-0878391

Applied For

Not Applicable

Zip

Country

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

**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.

(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, 2002 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** ☐ Delete
NAME **GOLDMAN, EDNA**
STREET ADDRESS **2900 E. PIONEER PKWY., #424**
CITY-ST-ZIP **ARLINGTON TX 76010**

TITLE ☒ Change ☐ Addition
NAME **2103 HAVENWOOD DR**
STREET ADDRESS **ARLINGTON, TX 76018**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GOLDMAN, DENNIS JR**
STREET ADDRESS **2001 COUNTRY CLUB RD**
CITY-ST-ZIP **TUPELO MS**

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

TITLE **DST** ☐ Delete
NAME **GOLDMAN, PAUL**
STREET ADDRESS **2105 31ST STREET**
CITY-ST-ZIP **MERIDIAN MS**

TITLE ☒ Change ☐ Addition
NAME **4226-23rd. AVE-**
STREET ADDRESS **MERIDIAN, MS 39305**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Edna Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date

601/693-2484
Daytime Phone #

CR2E034 (9/01)