

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

0114837 AT

DOCUMENT # P96000063218

1. Entity Name

THE CHECK CASHING AND MONEY CENTER INC.

07-12-2001 90001 007 ***550.00

Principal Place of Business

5275 BABCOCK ST. N.E.

#11

PALM BAY FL 32905

US

Mailing Address

P.O. BOX 61712

PALM BAY FL 32908

US

A0076644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3395158

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

WHITE, MARKEE J

1249 SARNO RD

MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name **White, Markee J.**

Street Address (P.O. Box Number is Not Acceptable)

1244 SARNO RD

City **MELBOURNE**

FL

Zip Code **32934**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
NAME **WHITE, MARKEE J**
STREET ADDRESS **1244 SARNO RD**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **V** ☐ Delete
NAME **WHITE, TANYA S**
STREET ADDRESS **1244 SARNO RD**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

374 956-0508

Date

Daytime Phone #

CR2E034 (5/01)