2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000086139**

Country

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

CASH NOW, INC.

Principal Place of Business

CC N.W. 103RD DRIVE ্রতন Springs FL 33065

2. Principal Place of Business

SMITH, JOHN

4185 N.W. 103RD DRIVE **CORAL SPRINGS FL 33065**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

P.O. BOX 8412

CORAL SPRINGS FL 33075-8412

Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90030 004 ***150.00

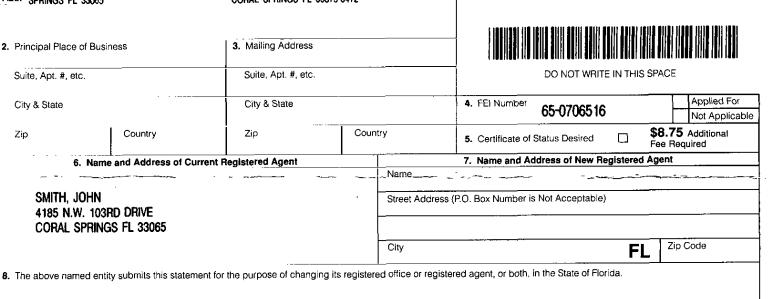
DATE

\$5.00 May Be

Added to Fees

10. Election Campaign Financing

Trust Fund Contribution.



(See criter	ria on back)		Make Check Payable	e to Department of State]
11.	OFFI	CERS AND DIR	ECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SMITH, JOHN 4185 N.W. 103RD DRIV CORAL SPRINGS FL 3		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	CR2E034 (9/99)
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TITLE NAME			☐ Delete	TITLE NAME		☐ Change	Addition	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #