2000 UNIFORM BUSINESS REPORT (UBR) Jun 09, 2000 8:00 am Secretary of State DOCUMENT # P97000008897 CASH DEPOT OF CENTRAL FLORIDA INC. 06-09-2000 90031 019 ***150.00 Principal Place of Business Mailing Address 1016 VANNESSA DRIVE 1016 VANNESSA DRIVE OVIEDO FL 32765-6002 OVIEDO FL 32765 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. رة دائقىي. دۇ دائقىي City & State 4. FEI Number Applied For City & State 59-3453200 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAUR, HARBANS Street Address (P.O. Box Number is Not Acceptable) 1016 VANNESSA DRIVE OVIEDO FL 32765 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 Og. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ⁴ Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME HARBANS, KAUR NAME STREET ADDRESS STREET ADDRESS 1016 VANNESSA DR. CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ــ بــ 🛄 Change 🚅 🗔 Addition ... Delete TITLE TITLE : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 duster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or frus changed, or on an attachment with an a SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR