

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P97000078020*

1. Entity Name

Cash A Check, Inc

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90309 007 ***150.00

Principal Place of Business

Mailing Address

739 E. Silver Springs Blvd
Suite 112
Ocala, FL

2. Principal Place of Business

739 E. Silver Springs BLVD

3. Mailing Address

2635 NW 13th St.

Suite, Apt. #, etc.

Suite 112

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Gainesville, FL

Zip 34470

Country USA

Zip

32609

Country

USA

4. FEI Number

59-3469651

Applied For

Not Applicable

5. Certificate of Status Desired : ☐

\$8.75 Additional
Fee Required

C0090794

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Bhupendra M. Patel
2635 NW 13th Street
Gainesville, FL 32609

7. Name and Address of New Registered Agent

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, 2000 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

TITLE **President/Treasurer** ☐ Delete
NAME **Bhupendra M. Patel**
STREET ADDRESS **2635 NW 13th St.**
CITY-ST-ZIP **Gainesville, FL 32609**

TITLE **Vice President/Secretary** ☐ Delete
NAME **Dhansukhbh Patel**
STREET ADDRESS **2635 NW 13th St.**
CITY-ST-ZIP **Gainesville, FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/27/00

Date

(352) 461-9988

Daytime Phone #

CR2E034 (9/99)