

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90061 042 ***150.00

DOCUMENT # P97000091698

1. Entity Name
DISCOUNT CHECK CASHING, INC.



Principal Place of Business
**2001 9TH ST WEST
BRADENTON FL 34205**

Mailing Address
**9247 13TH AVENUE CIRCLE NORTHWEST
BRADENTON FL 34209**



2. Principal Place of Business

3. Mailing Address

6404 MANATEE AVE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE L

City & State

City & State

BRADENTON, FL

Zip

Country

Zip

Country

34209

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

2502 7th ST G R E

City

ELLENDALE

FL

Zip Code

34222

BROOKS, CHESTER R
9247 13TH AVENUE CIRCLE NORTHWEST
BRADENTON FL 34209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BROOKS, CHESTER R**
STREET ADDRESS **9247 13TH AVENUE CIRCLE NORTHWEST**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☒ Change ☐ Addition
NAME **BROOKS, CHESTER R**
STREET ADDRESS **2502 7th ST G R E**
CITY-ST-ZIP **ELLENDALE, FL 34222**

TITLE **D** ☐ Delete
NAME **ROBERSON, SID**
STREET ADDRESS **9411 CEDAR DELL CT**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SID ROBERSON** **REQUIRE MSR**

2/11/03

941-747-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)