

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097997

1. Entity Name

THE MONEY CENTER OF AMERICA INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90123 031 ***158.75

Principal Place of Business

Mailing Address

237 ALGIERS AV
LAUDERDALE BY THE SEA FL 33308

237 ALGIERS AV
LAUDERDALE BY THE SEA FL 33308-4421

2. Principal Place of Business

237 Algiers Av

3. Mailing Address

237 Algiers Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lauderdale by The Sea, FL

City & State

Lauderdale by The Sea, FL

4. FEI Number

65-0797426

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURRY, SCOTT
218 COMMERCIAL BLVD., SUITE 106
LAUDERDALE BY THE SEA FL 33308

Name

Scott A. McCurry

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

237 Algiers Avenue

City

Lauderdale by The Sea

FL

Zip Code

33308

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MCCURRY, SCOTT
237 ALGIERS AVE
LAUDERDALE BY THE SEA FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 954)938-7209

CR2E034 (9/99)