2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000097997 **DOCUMENT #**

1. Entity Name



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90238 011 ***150.00

THE MONEY CENTER OF AMERICA INC.					9					
Principal Place of Business 237 ALGIERS AV LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business Suite, Apt. #, etc. City & State		237 ALG	Mailing Address 237 ALGIERS AV LAUDERDALE BY THE SEA FL 33308 3. Mailing Address Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES				
		3. Mailing								
		Suite,								
		City &				Number 65-0797426	Applied For Not Applicable			
Zip Country		Zip	Country		5. Cer	tificate of Status Desired	8.75 Additional ee Required			
6. Name and Address of Current Registe			d Acent			7. Name and Address of New Registered Agent				
MCCURRY, SCOTT 218 COMMERCIAL BLVD., SUITE 106 LAUDERDALE BY THE SEA FL 33308				City		s (P.O. Box Number is Not Acceptable) FL Zip Code				
8. The above the obligati	named entity submits this staten ions of registered agent.	nent for the purpo	se of changing its re	gistered office or regi	stered agen	t, or both, in the State of Florida. I am	Tarrilla Will, and doopt			
SIGNATURE -	Signature, typed or printed name of registere	ed agent and title if applic	cable. (NOTE: F	Registered Agent signature rec	quired when reins	tating) DATE				
After	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$50 c Payable to Florida Departm	50.00	•			Hase and Commodism	\$5.00 May Be Added to Fees			
10.		S AND DIRECTOR	RS	11.	ADD	ITIONS/CHANGES TO OFFICERS AN				
TITLE NAME	P MCCURRY, SCOTT		☐ Delete	TITLE NAME	-		☐ Change ☐ Addition			

After	May 1, 2003 Fee will be \$550.00 Repayable to Florida Department of State				Trust Fund C			Added	to Fees	
	OFFICERS AND DIRECTO	RS	11.	ECTORS	ORS IN 11					
10.		☐ Delete	TITLE					Change	Addition	(00,000)
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NAME	MCCURRY, SCOTT		STREET ADDRESS							1
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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:

Daytime Phone #