

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102085

1. Entity Name

CASHMASTERS INTERNATIONAL (S.E.), INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90244 028 ***150.00

Principal Place of Business

1255 LA QUINTA DR
118
ORLANDO FL 32809
US

Mailing Address

1255 LA QUINTA DR
118
ORLANDO FL 32809-7740
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3481107

Applied For
Not Applicable

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

WHITLOCK, CARLA J
13917 FAIRWAYS ISLAND APT. 926
ORLANDO FL 32819

Name
Neil Hunter

Street Address (P.O. Box Number is Not Acceptable)
1255 La Quinta Dr., Ste. #118

City Orlando FL Zip Code 32809

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 *Neil Hunter*
Signature, typed or printed name of registered agent and title if applicable.

NEIL HUNTER

(NOTE: Registered Agent signature required when reinstating)

1/10/00
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	D	<input type="checkbox"/> Delete
NAME	HUNTER, NEIL	
STREET ADDRESS	9 HAVENS EDGE	
CITY-ST-ZIP	LIMEKILNS FIFE SCOTLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, MARGARET ROSE P	
STREET ADDRESS	9 HAVENS EDGE	
CITY-ST-ZIP	LIMEKILNS FIFE SCOTLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Neil Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

407 888 4933

Daytime Phone #

CR2E034 (9/99)