

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90034 043 \*\*\*150.00

DOCUMENT # P97000102085

1. Entity Name  
**CASHMASTERS INTERNATIONAL (S.E.), INC.**

**DO NOT WRITE IN THIS SPACE**

**24020658**

2. Principal Place of Business  
**1255 LA QUINTA DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1255 LA QUINTA DR**  
Suite, Apt. #, etc.

**118**  
City & State  
**ORLANDO, FL**

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City & State  
**ORLANDO, FL**

Zip Country  
**32809 USA**

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**32809 USA**

4. FEI Number  
**59-3481107**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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## 7. Name and Address of Current Registered Agent

Name **NEIL HUNTER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1255 LA QUINTA DR.**

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

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE **DIRECTOR**  
NAME **HUNTER, NEIL**  
STREET ADDRESS **9 HAVENS EDGE**  
CITY - ST - ZIP **LIMEKILNS FIFE SCOTLAND**

TITLE **DIRECTOR**  
NAME **HUNTER, MARGARET ROSE P**  
STREET ADDRESS **9 HAVENS EDGE**  
CITY - ST - ZIP **LIMEKILNS FIFE SCOTLAND**

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)