2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90222 034 ***150.00

DOCUMENT # P98000003622

1. Entity Name

CASH MART AMERICA, INC.

Principal Place of Business	Mailing Address
~~1444~~ FIRST STREET SARASOTA FL 34236	1444 FIRST STREET SARASOTA FL 34236-5705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2512 N. Washington Blvd. Suite, Apt. #, etc.	Suite, Apt. #, etc.
Sarasota, FL Zip 34234 Country USA	City & State Zip Country

4. FEI Number 06-1505016 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, ALLYSON
1444 FIRST STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Charles H. Ball
Street Address (P.O. Box Number is Not Acceptable)
McDaniel & Ball, P.A.
1444 1st St.
City Sarasota FL Zip Code 34236

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

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 VICK, MAURICE P.O. BOX 6119 SARASOTA FL 34278	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PALMER, ROY P.O. BOX 6119 SARASOTA FL 34278	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VICK, CHARLOTTE P.O. BOX 6119 SARASOTA FL 34278	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PALMER, SUSAN P.O. BOX 6119 SARASOTA FL 34278	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ 4/28/2000 941-355 1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #