2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044495

1. Entity Name

E-Z MONEY CHECK CASHING, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

Principal Piles of Business							02-05-2000 90011	001 ***	150.00	
Size 27	Principal Place	Mailing Address								
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Assistance \$8.75 Assis	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
For Required Foundation of Current Registered Agent City FL Zip Codo City FL Zip Codo City FL Zip Codo City FL Zip Codo FL Zip	City & State		City & State			4. F	El Number 65-0833656		 _	
EVANS, JOSEPH P 13180 N CIEVELAND AVE STE 207 N FT MYERS FL 33903 8. The above named entity submits this statement for the purpose of changing its registered agrent, or both, in the State of Florida. SIGNATURE 9. This corporation is alligible to satisty its intangible Tax iting orquirement and electe to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D SILVER, WILLIAM C OFFICERS AND DIRECTORS 10. Election Campaign Financing Addition Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D OFFICERS AND DIRECTORS 10. Election Campaign Financing Addition Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D OFFICERS AND DIRECTORS 10. Election Campaign Financing Addition Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS IN 11 TITLE D OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 TITLE D OST STRETADORESS CITY-51-7P NFT. MYERS FL 33909 DOST D Delete TITLE D Delete TITLE D Delete TITLE NAME STRETADORESS CITY-51-7P TITLE STRETADORESS CITY-51-7P TITLE STRETADORESS CITY-51-7P TITLE TITLE TOXAL DIRE	Zip Country		Zip Country		у	5. (Certificate of Status Desired			
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	1	ertify that the information supplied with	this filing does not qualify for	the exem	ption stated	d in Section	119.07(3)(i), Florida Statutes. Li	urther certif	y that the ir	formation

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

(941) 656-5441

Daytime Phone #