

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066929

1. Entity Name

PRIVATE CASH SERVICES, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90015 035 ***150.00

Principal Place of Business

Mailing Address

648 ANCHORS ST
1
FT. WALTON BEACH FL 32548
US

8668 NAVARRE PKWY
108
NAVARRE FL 32566-2185

2. Principal Place of Business

7002 TURNBERY CIRCLE

3. Mailing Address

8668 NAVARRE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 108

City & State

NAVARRE FL

City & State

NAVARRE, FL

Zip

32566

Country

USA

Zip

32566

Country

USA

4. FEI Number

59-3547880

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

HENTON, DAVID E

648-1 ANCHORS STREET

FT. WALTON BEACH FL 32548

7002 TURNBERY CIRCLE
NAVARRE FL 32566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

David Henton

1-6-00

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

(NOTE: Registered Agent signature required when reinstating)

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 ☒ Delete
NAME DEREK, RICHARD
STREET ADDRESS 1114 E JOHN SIMS PKWY 317
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME SMITH, DARLA
STREET ADDRESS 648-1 ANCHORS ST
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME HENTON, DAVID
STREET ADDRESS ~~868 NAVARRE PKWY 108~~
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

David Henton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 850-830-1738

CR2E034 (9/99)