

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90104 029 \*\*\*150.00

**DOCUMENT # P98000103362**

1. Entity Name

**J & J CASH MANAGEMENT COMPANY, INC.**

Principal Place of Business

**1411 EDGEWATER DR., STE. 100  
ORLANDO FL 32804**

Mailing Address

**1411 EDGEWATER DR., STE. 100  
ORLANDO FL 32804**

2. Principal Place of Business

**11 S. BUNBY AVE, SUITE 150**

Suite Apt. #, etc.

**150**

City & State

**ORLANDO, FL**

Zip

**32803**

Country

**USA**

3. Mailing Address

**11 S. BUNBY AVE.**

Suite Apt. #, etc.

**150**

City & State

**ORLANDO, FL**

Zip

**32803**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3546916**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CASH, JOHN T JR.**

**1411 EDGEWATER DR., STE. 100**

**ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **CASH, JOHN T. JR.**

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

**11 S. BUNBY AVE.**

**SUITE 150**

City **ORLANDO**

**FL**

Zip Code **32803**

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 (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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASH, JOHN T JR.</b>	
STREET ADDRESS	<b>1411 EDGEWATER DR., STE. 100</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASH, JOHN T III</b>	
STREET ADDRESS	<b>1411 EDGEWATER DR., STE. 100</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CASH, JOHN T. JR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11 S. BUNBY AVE, STE 150</b>	
STREET ADDRESS	<b>ORLANDO, FL 32803</b>	
CITY-ST-ZIP		
TITLE	<b>CASH, JOHN T. III</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11 S. BUNBY AVE.</b>	
STREET ADDRESS	<b>ORLANDO, FL 32803</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

(NOTE: Registered Agent signature required when reinstating)

Date

Daytime Phone #

**1/14/02 (407) 896-8880**

CR2E034 (9/01)