2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000012214 Aug 02, 2000 8:00 am Secretary of State L.A. CASH ADVANCE, INC. 07-18-2000 90008 005 \*\*\*150.00 Principal Place of Business Mailing Address 5717 S.E. ABSHIER BLVD. 5717 S.E. ABSHIER BLVD. BELLEVIEW FL 34420 **BELLEVIEW FL 34420** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLLINS, LARRY 415 N.W. 1ST AVE. OCALA FL 34475 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. Cont and title if applica (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees  $\Box$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 34420 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME. MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition me Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2/P πLE TITLE Сhапре ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

## \$\$ L. A. CASH ADVANCE \$\$ 5717 SE Abshier Blvd. Belleview, FL 34420

July 11, 2000

Florida Department of State
Division of Corporations
PO-Box-1500
Tallahassee, FL. 32302-1500

Dear Sirs:

This is to inform you that we never received the FIRST NOTICE that was due for the Florida Business Report, Document # P99000012214.

Enclosed you will find a check for \$150.00, which is the original amount due with this report. Also, I have enclosed a completed 2000 Form, which has a new registered agent.

Sorry for the inconvenience that this has caused. Hopefully, with the new registered agent on file, we will receive further correspondence from you in a timely manner.

Sincerely,

Linn Benton,

Office Manager