

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90048 028 ***150.00

R0004043



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000018673**1. Entity Name**
HARVEY'S CHECK CASHING, INC.**Principal Place of Business**
6808 ARROYO DRIVE
NEW PORT RICHEY FL 34652**Mailing Address**
6808 ARROYO DRIVE
NEW PORT RICHEY FL 34652**2. Principal Place of Business**
4509 U.S. HWY. 19
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State**
NEWPORT RICHEY FL
Zip
34652
Country**City & State**
Zip
Country**4. FEI Number** **59-3568319****Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****GREENWOOD, HARVEY**
6808 ARROYO DRIVE
NEW PORT RICHEY FL 34652**7. Name and Address of New Registered Agent****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** _____ 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	GREENWOOD, HARVEY	6808 ARROYO DRIVE	
		NEW PORT RICHEY FL 34652		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HARVEY GREENWOOD** **1/9/01** **(727) 343-8671**
Date **Daytime Phone #**

CR2E034 (10/00)