

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022881

1. Entity Name

CHECK 4 A CHECK, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90022 014 ***150.00

Principal Place of Business

Mailing Address

1280 SARNO ROAD #200
MELBOURNE FL 32935

1280 SARNO ROAD #200
MELBOURNE FL 32935-5204

2. Principal Place of Business

218 E Eau Gallie Blvd

3. Mailing Address

218 E Eau Gallie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Indian Harbour Beach FL 32909

City & State

Indian Harbour Beach FL

4. FEI Number

59-3579757

Applied For

Not Applicable

Zip

Country

32937

USA

Zip

Country

32937

USA

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

JACOBY, DAVID H
1581 ROBERT J. CONLAN BOULEVARD N.E.
SUITE 100
PALM BAY FL 32905

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, 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 **D** ☐ Delete
NAME **NORMAN, JANET**
STREET ADDRESS **325 BANYAN WAY**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☒ Change ☐ Addition
NAME **NORMAN, JANET**
STREET ADDRESS **3900 SNOWY EGRET DR**
CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Janet Norman* JANET NORMAN, DIRECTOR 03/20/00 321-779=9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)