

2001- UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000022881**

1. Entity Name

CHECK 4 A CHECK, INC.

Principal Place of Business

218 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937

Mailing Address

218 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

753 S Apollo BLVD

Suite, Apt. #, etc.

3. Mailing Address

753 S Apollo BLVD

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. FEI Number

59-3579757

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 D
STREET ADDRESS 3900 SNOWY EGRET DR
CITY-ST-ZIP MELBOURNE FL 32904TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

321-733-1190

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)