

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90389 006 ***150.00

DOCUMENT # P99000023842

1. Entity Name
AMERICAN QUICK-CASH CENTERS, INC.



Principal Place of Business
7108 SOUTHGATE BLVD
N LAUDERDALE, FL 33068 US

Mailing Address
~~7716 NW 21 COURT~~
~~MARGATE, FL 33063~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

GUIDO, ANTHONY M
7108 SOUTHGATE BLVD
N LAUDERDALE, FL 33068

3. Mailing Address

7108 Southgate Blvd.

Suite, Apt. #, etc.

City & State

N. Lauderdale, FL

Zip
33068

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0900570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GUIDO, ANTHONY M
STREET ADDRESS 9960 NW 39TH COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE S ☐ Delete
NAME CHILLINGTON, OLGA P
STREET ADDRESS 3531 NW 75 TER
CITY-ST-ZIP POMPANO BEACH, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

Anthony Guido, President

3/24/03

Date

954 - 722-8096

Daytime Phone #

CR2E034 (10/02)