

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069386

1. Entity Name
ROYAL CASH ADVANCE INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90070 041 ***158.75

Principal Place of Business

Mailing Address

962 HART PLACE
MELBOURNE FL 32940

962 HART PLACE
MELBOURNE FL 32940-6911

628260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3144 W. NEW HAVEN 3144 W. NEW HAVEN Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Melbourne

West Melbourne

4. FEI Number

Applied For

59-3593464

Not Applicable

Zip

Country

Zip

Country

32904

FLORIDA

32904

FLORIDA

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

MASONE, NANNETTE
962 HART PLACE
MELBOURNE FL 32940

Name

NANNETTE MASONE

Street Address (P.O. Box Number is Not Acceptable)

3144 West NEW HAVEN Ave

City

W. Melbourne

FL

Zip Code

32904

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-00

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	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	D MASONE, NANNETTE	962 HART PLACE	MELBOURNE FL 32940	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00 321-724-1778

CR2E034 (9/99)