

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000072114
1. Entity Name D + F Checkcashing, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 19 PM 4:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 N Adams St.
Suite, Apt. #, etc.
City & State Tallahassee
Zip 32301 Country USA

3. Mailing Address Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-3612601 Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mark F. Lusk
Street Address (P.O. Box Number is Not Acceptable) 301 N Adams St.
City Tallahassee FL Zip Code 32301

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 Mark F. Lusk DATE 5/19/03
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mr. Stephen S. N. Jr.</u> <u>2302 Clare Dr</u> <u>Tallahassee FL 32308</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>000020045390</u> <u>05/28/03--01065--012 **158.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mr. Mark F. Lusk</u> <u>1212 N. Adams St.</u> <u>Tallahassee FL 32312</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark F. Lusk DATE 5/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)