## FOR PROFIT CORPORATION

UMPORM BUSINESS REPORT (UBR) FILE DOCUMENT # 99000078880 1. Entity Name 02 AUG -8 PM 1:43 SECRETARY OF STATE ALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Not Applicable \$8.75 Additional Country USA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Amended UBR is \$61.25 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. TIBE TITLE 300004506193 NAME -09/10/02--01049--015 NAME STREET ADDRESS STREET ADDRESS \*\*\*\*150<u>.00</u> \*\*\*\*150.0 CITY: ST-ZIP CITY-ST-ZIP TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME <del>SHILLET ADDRES</del> STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY+ST-ZIP 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 tegal 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 incomments. MUSCH **SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

08/01/02

## 2002

## Michelle Milligan

I have never received a rejection letter for the year 2001 and per our records and our previous conversation the document should not of been rejected. Please reinstate without penalty I am enclosing a check to replace the now expired bank check you sent me back along with the 2002 ubr.

Thank You

Rick Grosch

National Coin & Currency, Inc.