FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90035 009 ***150.00

DOCUMENT # S25999

1. Entity Name

CHECK-O-MAT CORPORATION

Principal Place of Business	Mailing Address
SUN PLAZA 415-A MARY ESTHER CUT OFF FT. WALTON BEACH FL 32548	SUN PLAZA 415-A MARY ESTHER CUT OFF FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
415 A Mary Esther Cut Off	120 Chats Ave #1
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1
City & State Fort Walton Beach FL	City & State Pensacola, FL
Zip 32548 Country	Zip 32507 Country

4. FEI Number 59-3045012

5. Certificate of Status Desired ☐ $8.75 Addi Fee Requirec

6. Name and Address of Current Registered Agent

KRAWCHUCK, WILLIAM P.
SUN PLAZA 415-A
MARY ESTHER CUT OFF
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

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

City FL Zip Cod

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when completing)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.(Adde

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS KRAWCHUCK, WILLIAM P. 415 A MARY ESTHER CTO FT. WALTON BEACH FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KRAWCHUCK, BARBARA A. 415 A MARY ESTHER CTO FT. WALTON BEACH FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Chang
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Chang

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 th 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 offi 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 1 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 — Date — Daytime Phor

Attachment
DHS25999
AOS783412

CHECK-O-MAT℠

Financial Convenience Centers

120 Chiefs Way Suite #1
Pensacola, FL 32507

May 25, 2001

State of Florida
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

To Whom It May Concern:
I am requesting that the late charges be waived on the following 2001 Uniform Business Reports, hence I had mailed all four together on April 2, 2001 and they never showed up and their corresponding checks have not been paid. I am enclosing a copy of the originals I had sent along with money orders for the original amounts. The Document numbers are as follows:

Check-O-Mat Corp	Document#S25999
Check-O-Mat Corp USA	Document#V57112
Check-O-Mat, Emerald Coast, LLC	Document#L99000006553
United Services Acceptance Corp	Document#P96000043993

Thank you for your assistance.

E. Scott Harding
Operations Manager
CHECK-O-MAT