

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

**SUN PLAZA 415-A
 MARY ESTHER CUT OFF
 FT. WALTON BEACH FL 32548**

Mailing Address

**SUN PLAZA 415-A
 MARY ESTHER CUT OFF
 FT. WALTON BEACH FL 32548**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

415 A Mary Esther Cut Off

3. Mailing Address

120 Chds Weyt 1

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

Fort Walton Beach FL

City & State

Pensacola, FL

Zip

32548

Country

Zip

32507

Country

4. FEI Number **59-3045012**

App
Not

5. Certificate of Status Desired ☐

**\$8.75 Addi
Fee Required**

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 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

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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



10. Election Campaign Financing Trust Fund Contribution ☐

\$5.1 Addi

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
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)(b), Florida Statutes. I further certify that if indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as made under oath; that I am an officer 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 an office, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CHECK-O-MATSM
Financial Convenience Centers

Attachment
D#S25999
AJB342

120 Chiefs Way Suite #1
Pensacola, FL 32507

May 25, 2001

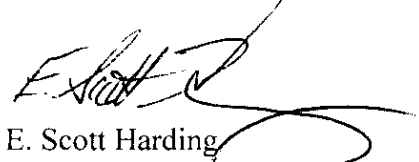
State of Florida
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

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