FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 25, 2003 8:00 am
Secretary of State
05-05-2003 90193 011 ***150.00

DOCUMENT # V43274

1. Entity Name: MONEY MOTORS INC

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55049739

2. Principal Place of Business	3. Mailing Address
6205 SHANSEL	PO BOX 593041
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLA	City & State: ORLANDO FLA 32859
Zip: 32809 County: ORANGE	Zip: 32859 County: ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593131827 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CHARLENE F CURRY
Street Address (P.O. Box Number is Not Acceptable): 1502 SAWYERWOOD AVE
City: ORLANDO FL Zip Code: 32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charlene F. Curry 4-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	CHARLENE F. CURRY
STREET ADDRESS	1502 SAWYERWOOD AVE
CITY-ST-ZIP	ORLANDO FLA 32809
TITLE	VP - SEC'T
NAME	CHARLENE F. CURRY
STREET ADDRESS	1502 SAWYERWOOD AVE
CITY-ST-ZIP	ORLANDO, FLA 32809
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlene F. Curry CHARLENE F. CURRY 4-25-03 407 843-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #