2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am Secretary of State **DOCUMENT # V59065** 1. Entity Name CASH ADVANCE, INC. 02-15-2001 90042 031 ***150.00 Principal Place of Business Mailing Address 2775-9 MAYPORT RD. 2775-9 MAYPORT RD. ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address 5515 ROOSEVELT BLVD. P.O. BOX 1565 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3161148 JACKSONVILLE, FL HINESVILLE, GA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32210 USA 31310 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Frank W. Hession THOMAS, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 436 Jacksonville Drive 8429 ROYALWOOD DR JACKSONVILLE FL 32256 Jacksonville Beach 8. The above named entity s its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ATTORNEY Signature voed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOWDEN, WILLIAM L NAME NAME 5515 ROOSEVELT BLVD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

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PRESIDENT

2-1-01

(904) 389-3688

Date

sytime Phone #