

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90605 050 \*\*\*150.00

0033038

**DOCUMENT # 544965**

1. Entity Name  
**SAM'S PAWN SHOP, INC.**

Principal Place of Business <b>2309 WEST FAIRFIELD DR.          PENSACOLA FL 32505</b>	Mailing Address <b>2309 WEST FAIRFIELD DR.          PENSACOLA FL 32505</b>
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**726100**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1797019</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, THOMAS, G  
 2309 W. FAIRFIELD DR.  
 PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name **CHARLES A. HALL**

Street Address (P.O. Box Number is Not Acceptable)  
**4166 ERMINE LANE**

City **MILTON, FL, FL** Zip Code **32583**

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 **CHARLES A. HALL** *Charles A. Hall* **3-3-2001**

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

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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME PTD <b>HALL, THOMAS G</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4120 SCOOTER LANE</b>	
CITY-ST-ZIP <b>MILTON FL</b>	
TITLE NAME S <b>HALL, CHARLES, A</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>4166 ERMINE LANE</b>	
CITY-ST-ZIP <b>MILTON FL</b>	
TITLE NAME D <b>HALL, SHARON</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4166 ERMINE LANE</b>	
CITY-ST-ZIP <b>MILTON FL</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME PTD <b>HALL, CHARLES, A.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4166 ERMINE, LANE.</b>	
CITY-ST-ZIP <b>MILTON, FL, 32583</b>	
TITLE NAME SD <b>BEN GARRETT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>4731 COCHISE ST.</b>	
CITY-ST-ZIP <b>PENSACOLA, FLA. 32526</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.

SIGNATURE: *Charles G Hall* **CHARLES A. HALL** **3-3-01** **850-444-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)