

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90061 022 ***158.75

DOCUMENT # P94000033827

1. Entity Name

TITLE LOANS OF AMERICA, INC.

Principal Place of Business

Mailing Address

971 E. TENNESSEE
 MIAMI FL 32308
 US

8601 DUNWOODY PLACE
 SUITE 406
 ATLANTA GA 30350-2550
 US

00010029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0491204**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORP. SYSTEM
1200 S PINE ISLAND RD.
PLANTATION FL 33324

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 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, ROBERT I	NAME	
STREET ADDRESS	8601 DUNWOODY PLACE, SUITE 406	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	SGC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, JOHN J	NAME	
STREET ADDRESS	8601 DUNWOODY PL, STE 506	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30350	CITY-ST-ZIP	
TITLE	VTCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, TERRY E	NAME	
STREET ADDRESS	8601 DUNWOODY PL, STE 406	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30350	CITY-ST-ZIP	
TITLE	ATC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, RICHARD C	NAME	
STREET ADDRESS	8601 DUNWOODY PL, STE 406	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30350	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

(770)

SIGNATURE:

John J. McCloskey
John J. McCloskey, Secretary 1/12/2000 552-9840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #