

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90171 016 ***150.00

DOCUMENT # P96000102418

1. Entity Name
E-Z TITLE LOANS OF AMERICA, INC.

Principal Place of Business

705 ST. RD. 7
 MARGATE FL 33068
 US

Mailing Address

720 NW 36TH
 OAKLAND PARK FL 33309-5011
 US

2. Principal Place of Business

2718 W. OAKLAND PK BLVD
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL
 Zip **33311** Country

3. Mailing Address

2718 W. OAKLAND PK BLVD
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL
 Zip **33311** Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0714406** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TROXELL, DENNIS
 720 NW 36 ST.
 OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name **LARRY COURTNEY**
 Street Address (P.O. Box Number is not Acceptable)
2718 W. OAKLAND PARK BLVD
 City **FT. LAUDERDALE FL** Zip **33311**

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 _____ (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	
TITLE P TROXELL, DENNIS STREET ADDRESS 720 NW 36 ST. CITY-ST-ZIP OAKLAND PARK FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P LARRY COURTNEY STREET ADDRESS 2718 W. OAKLAND PK BLVD CITY-ST-ZIP FT. LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **4/28/2000** DAYTIME PHONE #: **954 485 1220**

CR2E034 (9/99)