


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92202 049 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V05066
 1. Entity Name
 Gold & Things Jewelry & Pawn, Inc.



90127908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5142 Normandy Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
 5142 Normandy Blvd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number
 59-3100752

Applied For
 Not Applicable

Zip
 32205

Country
 US

Zip
 32205-4826

Country
 US

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

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7. Name and Address of Current Registered Agent

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

SIGNATURE _____ (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	FOREHAND, WILLIAM R.	TITLE	
NAME		NAME	
STREET ADDRESS	1570 S LN AVE APT 905	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 empowers.

SIGNATURE:  **William R Forehand** **4/28/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034B (12/02)