2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am DOCUMENT # H73129 **Secretary of State** 1. Entity Name 02-27-2002 90032 037 ***150.00 PEOPLES PAWN SHOPS OF I-95, INC. Principal Place of Business Mailing Address 2910 SOUTHWEST 30TH AVENUE 2910 SOUTHWEST 30TH AVENUE PEMBROKE PARK FL 33020-1306 PEMBROKE PARK FL 33020-1306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2594907 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIBERSON, JESS W Street Address (P.O. Box Number is Not Acceptable) 2401 NW-97TH-TERR-PEMBROKE PINES FL 33024 ວແ) 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE Change GIBERSON, RONA NAME NAME 1910 LAKESHORE DR STREET ADDRESS STREET ADDRESS WESTON FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME GIBERSON, JESS W NAME STREET ADDRESS 13421 SW 17 COURT STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP MIRAMAR FL 33027 TITLE Delete TITLE Change ___ Addition WHITE, GINA NAME NAME STREET ADDRESS STREET ADDRESS 14520 FAIRFAX PLACE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL TITLE ☐ Delete TITLE Change Change ☐ Addition GIBERSON, GUY NAME NAME STREET ADORESS 1910 LAKESHORE DR STREET ADDRESS WESTON FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

صابات الا SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 amovered 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.

FILED