

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90261 018 \*\*\*150.00

**DOCUMENT # P98000020623**



1. Entity Name  
**PAWNSMART CORPORATION**

Principal Place of Business  
**4941 S STATE RD 7  
DAVIE FL 33314**

Mailing Address  
**2910 SW 30 AVENUE  
PEMBROKE PINES FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0821328**

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

**GIBERSON, JESSY  
13421 SW 17 COURT  
MIRAMAR FL 33027**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIBERSON, GUY</b>	
STREET ADDRESS	<b>2910 SW 30TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33009</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GIBERSON, JESSY</b>	
STREET ADDRESS	<b>13421 SW 17TH COURT</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GIBERSON, RONA</b>	
STREET ADDRESS	<b>1910 LAKESHORE DR</b>	
CITY-ST-ZIP	<b>WESTON FL 33308</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: \_\_\_\_\_**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/03 (954) 458-2274**

Date

Daytime Phone #

CR2E034 (10/02)