2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 451382

1. Entity Name

PATIO PAWN SHOP, INC

Principal Place of Business							
2156	COMMERCE AVENUE						

2. Principal Place of Business

VERO BEACH FL 32960

Suite, Apt. #, etc.

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

2156 COMMERCE AVENUE VERO BEACH FL 32960

	•				_			
City & State		City & State	City & State 4.		Number 59-1533296	 	oplied For ot Applicable	
Zip	Country	Zip	Country			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
HUDMON, MABEL LEA				Street Address (P.O. Box Number is Not Acceptable)				
4460 2ND ST.				The second secon				
VER	O BEACH FL 32968	•						
			<u> </u>					
			City -		F	L Zip Code	e (
8. The above	named entity submits this statement	for the purpose of changing its	registered office or req	gistered ager	nt, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	Registered Agent signature n	adrilled when leild	stating) DATE			
Tax filing r	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After MAY 1, 20	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.		May Be to Fees	
11.	OFFICERS AN	D DIRECTORS	12.	ADD	ITIONS/CHANGES TO OFFICERS AN	VD DIRECTOR	S IN 11	
TITLE	P	Delete	TITLE			☐ Change	☐ Addition	
NAME	HUDMON, MABEL LEA	•	NAME				ļ	
STREET ADDRESS	4460 2ND ST.		STREET ADDRESS					
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP				{	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CUTY-ST-7IP			☐ Change	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.

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

- Hudmon 2-2-2000 S

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition

FILED

Feb 07, 2000 8:00 am Secretary of State

02-07-2000 90015 001 ***158.75

DO NOT WRITE IN THIS SPACE