FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am **DOCUMENT # 544965 Secretary of State** 1. Entity Name SAM'S PAWN SHOP, INC. 03-07-2001 90605 050 ***150.00 Principal Place of Business Mailing Address 2309 WEST FAIRFIELD DR. 2309 WEST FAIRFIELD DR. 726100 PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 59-1797019 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, THOMAS, G 2309 W. FAIRFIELD DR. PENSACOLA FL 32505 4166 ERMINE LANE CITY MILTON, FL. FL 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 Fiorida. Clark 1: Hall 3-3-2001 (NOTE: Registered Agent signature required when reinstating) DATE CHARLES A. HALL Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITI F Delete TITLE ☐ Change ☐ Addition HALL, THOMAS G NAME STREET ADDRESS 4120 SCOOTER LANE STREET ADDRESS City-ST-ZIP MILTON FL CITY-ST-ZIP PTD THALL, CHARLES, A, 4166 ERMINE, LANE, THELTON, FL, 32583 TITLE Delete TITLE HALL, CHARLES, A NAME NAME STREET ADDRESS 4166 ERMINE LANE STREET ADDRESS CITY-ST-ZIP MILTON FL CITY-ST-ZIP TITLE Delete TITLE HALL, SHARON NAME NAME STREET ADDRESS 4166 ERMINE LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MILTON FL** Change Addition Delete TITLE TITLE LEN GARRETT 31 COCHISE ST NSH COLA, FLA. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

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Charles G Half

CHARLES A. THALL

3-3-01

850-444-9292

Daytime Phone