

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F16680

1. Entity Name

FORT WALTON GOLD EXCHANGE AND PAWN SHOP, INC.

Principal Place of Business

Mailing Address

% RONALD J GERSETH
92 S JOHN SIMS PARKWAY
VALPARISO FL 32580
US

1214 HWY 98 E
FT WALTON BCH FL 33548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2045285

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

INGRAM, DEE
1214 HWY. 98 EAST
FORT WALTON BCH FL 32548

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
WHITTEN, ROBERT G
2904 MACON RD
COLUMBUS, GA 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
FUNDERBURK, KENNETH
1ST ALABAMA BANK BLDG
PHENIX CITY, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
GERSETH, RONALD J
1214 US HWY 98 EAST
FT WALTON BCH, FL 00000

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth L. Funderburk

Day

(334) 297-2900

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90087 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (1/9/97)