

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90089 025 \*\*\*150.00

**DOCUMENT # H56681**

1. Entity Name  
**BEST PAWN & GUN, INC.**



Principal Place of Business  
**1505 LANE AVE. SOUTH  
JACKSONVILLE FL 32210  
US**

Mailing Address  
**1505 LANE AVE. S.  
JACKSONVILLE FL 32210  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2529419**

Applied For  
Not Applicable

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

**SHORT, FREDERICK R., JR.  
3733 UNIVERSITY BLVD., W.  
STE 203  
JACKSONVILLE FL 32217**

Name **PAUL E. DUFFE II**

Street Address (P.O. Box Number is Not Acceptable)

**4031 ALHAMBRA DR WEST**

City **JACKSONVILLE FL** Zip Code **32207**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/2/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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 ☐ Delete  
NAME **PST**  
STREET ADDRESS **DUFFE, PAUL E. II**  
CITY-ST-ZIP **4031 W ALHAMBRA DR.  
JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED

DATE **7/2/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90146626

#H56681

JULY 2, 2003

BEST PAWN & GUN INC.  
1505 LANE AVE. SOUTH  
JACKSONVILLE, FL. 3210-1330  
FEDERAL ID # 59-2529419

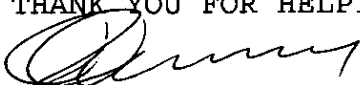
FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

DEAR SIR:

ENCLOSED IS OUR CORPORATION RENEWAL FORM AND A CHECK FOR THE FEE  
\$ 150.00. THIS IS THE FIRST RENEWAL FORM WE HAVE RECEIVED. WE HAVE  
NOT RECEIVED ANY PRIOR NOTICES.

PLEASE ACCEPT OUR CHECK AND REMOVE ALL FINES & PENALTIES.

THANK YOU FOR HELPING US IN THIS MATTER.

  
PAUL E. DUFFE II

PRESIDENT