

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86441

1. Entity Name

TICE PAWN SHOP, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

07-05-2000 90476 001 *****8.75
07-05-2000 90476 002 ***150.00

Principal Place of Business

Mailing Address

4019 PALM BEACH BLVD.
FORT MYERS FL 33916
US

4019 PALM BEACH BLVD
FORT MYERS FL 33916-3408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2700960

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

MCQUINN, DENNIS L
9830 SAILVIEW CT 1822 SE 4TH ST
APT 24 CAPE CORAL FL 33990
FORT MYERS FL 33905

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	P	<input type="checkbox"/> Delete
NAME	MCQUINN, DENNIS L	
STREET ADDRESS	9830 SAILVIEW CT 1822 SE 4TH ST	
CITY-ST-ZIP	FT MYERS FL CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, JAMES D.	
STREET ADDRESS	5468 HARBOUR CASTLE DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, JOYCE A.	
STREET ADDRESS	5468 HARBOUR CASTLE DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

(941) 694-3102

Date

Daytime Phone

CR2E034 (9/99)