

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90046 029 ***150.00

DOCUMENT # J42038

1. Entity Name
A-UNIVERSAL PAWN & LOAN, INC.



Principal Place of Business
3911 W. WATERS AVENUE
SUITE 16
TAMPA, FL 33614-1950

Mailing Address
3911 W. WATERS AVENUE
SUITE 16
TAMPA, FL 33614-1950

30010122



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2787919

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

GROSE, DOUGLAS L.
112 S. ARMENIA
TAMPA, FL 33609

Name **PHILIP J SALADINO**

Street Address (P.O. Box Number is Not Acceptable)
3911 W WATERS AVE

SUITE 16

City **TAMPA**

FL

Zip Code **33614**

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

Philip J Saladino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 1 FEB 05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SALADINO, PHILLIP J.
STREET ADDRESS 3911 W WATERS #16
CITY-ST-ZIP TAMPA, FL

TITLE VP ☐ Delete
NAME SALADINO, CHRISTINE G
STREET ADDRESS 3911 W WATERS AVENUE # 16
CITY-ST-ZIP TAMPA, FL 33614

TITLE VP ☐ Delete
NAME SALADINO, ERNEST
STREET ADDRESS 3911 W WATERS AVENUE # 16
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Philip J Saladino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1 FEB 05

Date

Daytime Phone #

813 433-8644