

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2787919	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALADINO, PHILIP J 3911 W. WATERS AVE SUITE16 TAMPA FL 33614	
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7. Name and Address of New Registered Agent	
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. 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 completing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALADINO, PHILLIP J. 3911 W WATERS #16 TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALADINO, CHRISTINE G 3911 W WATERS AVENUE # 16 TAMPA FL 33614 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALADINO, ERNEST 3911 W WATERS AVENUE # 16 TAMPA FL 33614 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000821741 02/19/08-80038-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Saladino* **Christine Saladino** 2/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date