

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006478

1. Entity Name
K & K JEWELERS & PAWN, L.L.C.

FILED

01 SEP 28 PM 12:17

Principal Place of Business
1395 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

Mailing Address
1395 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1950 62nd Ave. N.
Suite, Apt. #, etc.

3. Mailing Address
← Same
Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State

Zip
33702 County
Pinellas

Zip Country

4. FEI Number
59-3655314 Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAYETT, KEITH M
1395 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

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 *Keith M. Fayett* **Keith M. Fayett, Member 9/21/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

700004622337--9
-10/03/01--01077--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAYETT, KEITH M 1395 62ND AVENUE NORTH ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Keith M. Fayett* **Keith M. Fayett, Member 9/21/01 727-525-7696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)