FOR PROFIT CORPORATION 67-03
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 10 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L45287

1. Entity Name
RAYMOND ARNOLD JEWERLY & PAWN

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12293 Seminole Blvd	12293 Seminole Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FLA	City & State: LARGO, FLA
Zip: 33778 Country: U.S.A	Zip: 33778 Country: U.S.A

4. FEI Number: 57-0931015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Raymond F ARNOLD JR

Street Address (P.O. Box Number is Not Acceptable): 8769 Caitlyn Ct

City: Seminole **FL** Zip Code: 33772

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: President Raymond F Arnold Jr — 6/3/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Raymond F Arnold Jr 8769 Caitlyn Ct. Seminole FL 33772	900020826279 06/13/03--01080--006 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kimberly Arnold 8769 Caitlyn Ct. Seminole FL 33772	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly Arnold VP — 6/3/03 — 586-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/11