

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L89473**

1. Entity Name

**FIRST NATIONAL PAWN, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90013 032 \*\*\*158.75

Principal Place of Business

Mailing Address

101 ANN STREET  
SUITE 101  
KEY WEST FL 33040  
US

4 N. 29TH STREET  
BILLINGS MT 59101-2138  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0209547**

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

~~BROWN, BENJAMIN L~~  
~~511-C GREENE ST~~  
~~KEY WEST FL 33040~~

Name

Street Address (P.O. Box Number is Not Acceptable)

~~101 ANN ST, SUITE 101~~  
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

*Ben Brown Jr.*  
Signature, typed or printed name of registered agent and title, applicable.

*Ben Brown Jr. VP 4-5-00*  
(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 **DPT** ☐ Delete  
NAME **BROWN, BENJAMIN L**  
STREET ADDRESS **101 ANN STREET, SUITE 101**  
CITY-ST-ZIP **KEY WEST FL**

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

TITLE **DVP** ☐ Delete  
NAME **BROWN, BENJAMIN L JR**  
STREET ADDRESS **101 ANN STREET, SUITE 101**  
CITY-ST-ZIP **KEY WEST FL**

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

TITLE **S** ☒ Delete  
NAME **NEAL, MONTE**  
STREET ADDRESS **101 ANN STREET, SUITE 101**  
CITY-ST-ZIP **KEY WEST FL**

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

TITLE **VP** ☐ Delete  
NAME **EVENSON, PATRICK**  
STREET ADDRESS **101 ANN STREET, SUITE 101**  
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VICEPRESIDENT/DIRECTOR**  
STREET ADDRESS **SETH BROWN**  
CITY-ST-ZIP **101 ANN ST, SUITE 101**  
**KEY WEST, FL 33040**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

*Ben Brown Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ben Brown Jr 4-5-00*  
Date

*(406) 245-0111*  
Daytime Phone #

CR2E034 (9/99)