

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90649 009 \*\*\*150.00

**DOCUMENT # M24760**

**1. Entity Name**  
**THRIFTY PAWN SHOP INC.**



**Principal Place of Business**

**1531 S. STATE RD 7**  
**FT. LAUD FL 33317**  
**US**

**Mailing Address**

**1531 S. STATE RD 7**  
**FT. LAUD FL 33317**  
**US**

**2. Principal Place of Business**

**H510 GRIFFIN ROAD**

Suite, Apt. #, etc.

**3. Mailing Address**

**H510 GRIFFIN ROAD**

Suite, Apt. #, etc.

**City & State**

**HOLLYWOOD FL**

**Zip**  
**33314**

**Country**

**City & State**

**HOLLYWOOD FL**

**Zip**  
**33314**

**Country**

**4. FEI Number**

**59-2638698**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SCHULER, LEON MICHAEL**  
**1531 SOUTH STATE ROAD 7**  
**FT. LAUDERDALE FL 33317**

**7. Name and Address of New Registered Agent**

**Name** **SCHULER, LEON MICHAEL**

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

**H510 GRIFFIN ROAD**

**City**

**HOLLYWOOD**

**FL**

**Zip Code**

**33314**

**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 reinstating)

**DATE**

*Leon Michael Schuler* **LEON MICHAEL SCHULER** **PRESIDENT** **01/09/2003**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 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**

**10. OFFICERS AND DIRECTORS**

**TITLE** **DPST** ☐ Delete  
**NAME** **SCHULER, LEON MICHAEL**  
**STREET ADDRESS** **1531 SOUTH STATE ROAD 7**  
**CITY-ST-ZIP** **FT. LAUDERDALE FL 33317**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPST** ☒ Change ☐ Addition  
**NAME** **SCHULER, LEON MICHAEL**  
**STREET ADDRESS** **H510 GRIFFIN ROAD**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33314**

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

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

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**NAME**  
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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:**

*Leon Michael Schuler* **LEON MICHAEL SCHULER** **01/09/2003** **954-583-0234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)