**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 06, 2002 8:00 am Secretary of State M65649 DOCUMENT # 1. Entity Name 02-06-2002 90002 024 \*\*\*150.00 B & W GOLD 'N PAWN, INC. Principal Place of Business Mailing Address 1602 N.E. WALDO RD. 1602 N.E. WALDO RD. GAINESVILLE FL 32609-3901 GAINESVILLE FL 32609-3901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2880511 Not Applicable Zip Country Zip Country \$8.75 Additional -5.-Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUTH, SUZANNE F. Street Address (P.O. Box Number is Not Acceptable) 1602 NW WALDO RD **GAINESVILLE FL 32609** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete Change TITLE TITLE BUTH, SUZANNE F. NAME NAME 127 NW 34 STREET STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BUTH, DAVID R. NAME STREET ADDRESS 725 NW 24 AVENUE STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby 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.