

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000260

FILED  
Feb 19, 2005  
Secretary of State

**Entity Name:** UNITED PAWNBROKERS' GROUP, INC.

**Current Principal Place of Business:**

4527 ARNOLD AVENUE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4527 ARNOLD AVENUE  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 22-3891136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMS, TOM  
4527 ARNOLD AVENUE  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAMS, TOM  
Address: 4527 ARNOLD AVENUE  
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete  
Name: DELHAGEN, BUTCH  
Address: 3210 CLARK ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: TD ( ) Delete  
Name: WIGELSWORTH, CLAY  
Address: 5716 S.E. ABSHIER BLVD.  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM SAMS

P

02/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date