

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000000260**

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



Principal Place of Business  
**4527 ARNOLD AVENUE  
NAPLES, FL 34104**

Mailing Address  
**4527 ARNOLD AVENUE  
NAPLES, FL 34104**



01232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**22-3891136**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**SAMS, TOM  
4527 ARNOLD AVENUE  
NAPLES, FL 34104**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
**PD  
SAMS, TOM  
4527 ARNOLD AVENUE  
NAPLES, FL 34104**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DELHAGEN, BUTCH  
3210 CLARK ROAD  
SARASOTA, FL 34231**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WIGELSWORTH, CLAY  
5716 S.E. ABSHIER BLVD.  
BELLEVIEW, FL 34420**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000802471  
02/01/08-80060-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:** *Thomas E. Sams, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/08 (239) 659-1120  
Date Daytime Phone # ext 203