

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90054 029 \*\*\*150.00

**DOCUMENT # P00000061461**

1. Entity Name

**BAUGHN'S PAWN, INC.**

Principal Place of Business

**#14 US HWY 19 SOUTH  
INGLIS FL 34449**

Mailing Address

**#14 US HWY 19 SOUTH  
INGLIS FL 34449**

00038872

2. Principal Place of Business

**#16 US Hwy 19 S**  
Suite, Apt. #, etc.

3. Mailing Address

**#16 US Hwy 19 S**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Inglis FL 34449**  
Zip **34449** Country **USA**

City & State

**Inglis FL 34449**  
Zip **34449** Country **USA**

4. FEI Number

**65-1017541**

Applied For

Not Applicable

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

**BAUGHN, TERRY S**

**#14 US HWY 19 SOUTH  
INGLIS FL 34449**

**#16 US Hwy 19 S**

Name

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

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

*Terry S. Baughn*

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BAUGHN, TERRY S	
STREET ADDRESS	38 60TH STREET	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	DAVIS, THEAJO T	
STREET ADDRESS	38 60TH STREET	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Terry S. Baughn* **TERRY S. BAUGHN**

Date

Daytime Phone #

CR2E034 (10/00)