

05-13-2002 90194 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name
Auto Cash Pawn Inc
PO1000078713 ✓

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2. Principal Place of Business <i>6844 Park Blvd</i> Pinellas Park, FL Florida	3. Mailing Address <i>6844 Park Blvd</i> Pinellas Park Florida
City & State <i>33781 USA</i>	City & State <i>33781 USA</i>

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4. Fee Number
593739220

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 Name: *Bradford N. Wander*
 Address: *6229 Spoonbill Dr.*
 City & State: *New Port Richey FL 34652*

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: *Bradford N. Wander President* *[Signature]* *4/25/02*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	
TITLE <i>President</i> NAME <i>BRADFORD N. WANDER</i> STREET ADDRESS <i>6229 SPOONBILL DR</i> CITY-ST-ZIP <i>NEWPORT RICHEY, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Bradford N. Wander* *Pres* *4/25/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TIME (Month)

727-545-5501

CR2E034B (12/01)