

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90113 012 ***150.00

DOCUMENT # P01000111072

1. Entity Name

BLOUNTSTOWN PAWN & LOAN, INC.

Principal Place of Business

Mailing Address

~~PO-BOX-276~~
ALTA FL 32421

~~PO-BOX-276~~
ALTA FL 32421

2. Principal Place of Business

19885 S.R. 20 W.

3. Mailing Address

P.O. BOX 146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN FL.

City & State

BLOUNTSTOWN FL

4. FEI Number

59-3757779

Applied For

Not Applicable

Zip

Country

32424

USA

Zip

Country

32424

U.S.A.

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

KIMBREL, JOSEPH L
HIGHWAY 69 NORTH
BLOUNTSTOWN FL 32421

Name

SAMUEL A. KIMBREL

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

5832 AUVERS BLVD # 302

City

ORLANDO FL

FL

Zip Code

32807

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

Joseph L. Kimbrel

JOSEPH L. KIMBREL

2-25-02

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	KIMBREL, JOSEPH L	
STREET ADDRESS	PO BOX 276 N/A	
CITY-ST-ZIP	ALTA FL 32421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL A. KIMBREL	
STREET ADDRESS	5832 AUVERS BLVD. SUITE 302	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE REGISTER	
STREET ADDRESS	20558 NW PIPPIN RD	
CITY-ST-ZIP	CLARKSVILLE FL 32430-2156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Joseph L. Kimbrel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH L. KIMBREL

2-15-02 850-674-2575

Date

Daytime Phone #

CR2E034 (9/01)