

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005531

1. Entity Name

J & L PAWN SHOP, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90087 035 ***150.00

Principal Place of Business

838 6TH ST NW
WINTER HAVEN FL 33881
US

Mailing Address

PO BOX 2993
WINTER HAVEN FL 33883-2993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3168723

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARPENTER, DERRICK
838 6TH ST NW
WINTER HAVEN FL 33881

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

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, 2000 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	ST	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, JESSE O	
STREET ADDRESS	2407 21ST NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, DERRICK O	
STREET ADDRESS	2407 21 ST NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, LINDA H	
STREET ADDRESS	2407 21ST NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Derrick O Carpenter	
STREET ADDRESS	838 6th St N.W.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tina Carpenter	
STREET ADDRESS	838 6th St N.W.	
CITY-ST-ZIP	Winter Haven, FL 33881	
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:

Derrick O Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 941-294-8542
Date Daytime Phone #

CR2E034 (9/99)