

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041275

1. Entity Name

LAKE MIRIAM PAWN, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90031 033 ***150.00

Principal Place of Business

5359 S FLORIDA AVE
 LAKELAND FL 33813

Mailing Address

5359 S FLORIDA AVE
 LAKELAND FL 33813-4913

2. Principal Place of Business

5359 S. Florida Ave.

3. Mailing Address

5359 S. Florida Ave.

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

LAKELAND FLORIDA

City & State

LAKELAND FLORIDA

Zip

33813

Country

USA

Zip

33813

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3194291

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

GIROD, CARL A
 105 LAKE MIRIAM DRIVE
 SUITE 5
 LAKELAND FL 33813

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

GARY GIROD

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

(NOTE: Registered Agent's signature required when reinstating)

1-14-00

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 ☐ Delete
 NAME P
 STREET ADDRESS GIROD, GARY L
 CITY-ST-ZIP 4015 SWINDELL RD
 PLANT CITY FL 33565

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME S
 STREET ADDRESS GIROD, CARL A
 CITY-ST-ZIP 3925 SWINDELL RD
 PLANT CITY FL 33565

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

CR2E034 (9/99)