

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000033828**

1. Entity Name

FLORIDA TITLE LOANS, INC.

Principal Place of Business

Mailing Address

971 E. TENNESSEE
TALLAHASSEE FL 32308
US8601 DUNWOODY PLACE
SUITE 406
ATLANTA GA 30350-2550
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD.
PLANTATION FL 33324

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
PD	ROBERT, REICH I	8601 DUNWOODY PL., STE 406	ATLANTA GA 30305	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPT	TERRY, FIELDS E	8601 DUNWOODY PL., STE 406	ATLANTA GA 30305	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ATC	RICHARD, WALLACE C	8601 DUNWOODY PL., STE 406	ATLANTA GA 30350	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SGC	JOHN, MCCLOSKEY J	8601 DUNWOODY PL., STE 406	ATLANTA GA 30350	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. McCloskey, Secretary 1/12/2000

Date

Daytime Phone #

(770)

552 997

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90024 048 ***158.75



DO NOT WRITE IN THIS SPACE