

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068344

1. Entity Name

CAPITAL PAWN, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90017 007 ***150.00

Principal Place of Business

2277 TAMiami TrL. E.
NAPLES FL 34112
US

Mailing Address

4527 ARNOLD AVE
NAPLES FL 34104-3339
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0517637

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

SAMS, THOMAS E

2277 TAMiami TrL. E.
NAPLES FL 34112

Name

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

4527 Arnold Avenue

City Naples

FL

Zip Code 34104

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

Thomas E. Sams, Pres. Thomas E. Sams, President

3.24.2000

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 PD ☐ Delete
NAME SAMS, THOMAS E
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE VD ☐ Delete
NAME EGAN, KENNETH M
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE SD ☐ Delete
NAME SAMS, LORRAINE M
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE D ☐ Delete
NAME BROWN, JANINE F
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE TD ☐ Delete
NAME BROWN, JOEL E.
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4527 Arnold Avenue
CITY-ST-ZIP Naples FL 34104

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP Naples FL 34104

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CITY-ST-ZIP Naples FL 34104

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 all other like empowered.

SIGNATURE:

Thomas E. Sams, Pres. Thomas E. Sams, Pres. 3.24.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941)
659-1120

CR2E034 (9/99)