2000 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2000 8:00 am DOCUMENT # P95000047494 **Secretary of State** EZ MONEY PAWN OF PINELLAS, INC. 02-22-2000 90031 030 ***150 00 Mailing Address Principal Place of Business 6671 PARK BLVD 6671 PARK BLVD BUUZ3771 PINELLAS PARK FL 33781-3013 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3351675 Not Applicable Zip ** · · Country" -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TICHENOR, JAMIE Street Address (P.O. Box Number is Not Acceptable) 6671 PARK BLVD PINELLAS PARK BLVD FL 34665 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Additi TITLE ☐ Delete TITLE TICHENOR, JAMIE L NAME STREET ADDRESS STREET ADDRESS 6671 PARK BLVD CITY-ST-ZIP CITY-ST-ZIF PINELLAS PARK FL 34665 ☐ Delete TITLE ☐ Change Additi TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7IP -CITY-ST-7IP -☐ Delete ☐ Change 🔲 Addit TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addit TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addit Addit TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addi: ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 informatio 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2 - S-2000 727-541-72.5

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Daytime Phone #