

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000047494

1. Entity Name
EZ MONEY PAWN OF PINELLAS, INC.



Principal Place of Business
6671 PARK BLVD
PINELLAS PARK, FL 33781

Mailing Address
6671 PARK BLVD
PINELLAS PARK, FL 33781



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-3351675

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TICHENOR, JAMIE
6671 PARK BLVD
PINELLAS PARK BLVD, FL 34665

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME PS
TICHENOR, JAMIE L
STREET ADDRESS
6671 PARK BLVD
CITY, ST, ZIP PINELLAS PARK, FL 34665

NAME
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CITY, ST, ZIP

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03/03/04-20054-008 150.00

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IN THIS SPACE**

12. The filer certifies 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 10 or Block 11 if changed or on an attachment with an address, with an officer like empowered.

SIGNATURE: Jamie Tichenor JAMIE TICHENOR 2-23-04 727-541-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #