2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000047494 **DOCUMENT #**

1. Entity Name

EZ MONEY PAWN OF PINELLAS, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90276 004 ***150.00

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				GOD WE THE					
Principal Place 6671 PARK BLV PINELLAS PARI	10	Mailing Address 6671 PARK BLVD PINELLAS PARK FL 33781			i i				
2. Principal Pla	ace of Business	3. Mailing Address		.		F EDDYIOOF KIN POINT WITH POINT ANEIT O	Dist Daltı Asanı	18811 BIDIO 181	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3351675			Applied For Not Applicable	
Zip	Country	Zip	Country			Certificate of Status Desired		3.75 Addit e Required	
	6. Name and Address of Curre	ant Posistored Agent =		المراد والاراج البسار	7. N	ame and Address of New Reg	istered Age	nt	
	6. Name and Address of Curn	ent Registered Agent		Name					
TICHENOR	, JAMIE ,				s (P.O. Bo	ox Number is Not Acceptable)			
6671 PARI	K BLVD			<u> </u>					
	PARK BLVD FL 34665								
• •				City			FL	Zip Code	
the obligation	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered a			ed office or regis			DATE	ılılar witn, a	——
FI After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen	00 nt of State				Election Campaign Finar Trust Fund Contribution.		Added	May Be to Fees
10.	OFFICERS A	AND DIRECTORS	11.	·_	AD	DITIONS/CHANGES TO OFFIC			
TITLE	P\$	☐ Delete	TITL				l	Change	☐ Addition
NAME	TICHENOR, JAMIE L		NAM						
STREET ADDRESS	6671 PARK BLVD			EET ADDRESS /-ST-ZIP					
CITY-ST-ZIP	PINELLAS PARK FL 34665							☐ Change	Addition
TITLE		☐ Delete	TITL	Į.			'	Onlinge	
NAME			NAM	AE EET ADDRESS					ļ
STREET ADDRESS				Y-ST-ZIP					ĺ
CITY-ST-ZIP			TITE					Change	☐ Addition
TITLE		☐ Delete	NAM			<u></u>			
NAME STREET ADDRESS	· · ·			REET ADDRESS					
CITY-ST-ZIP			CLT	Y-ST-ZIP					
		☐ Delete	TITI	LE		, , , , , , , , , , , , , , , , , , ,		Change	☐ Addition
TITLE NAME			NAI	ME					
STREET ADDRESS			STE	REET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE	-	☐ Delete	TIT	LE		· ·		☐ Change	☐ Addition
NAME			NA	ME					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP				Change	Addition
TITLE		☐ Delete	TIT	1				☐ Change	Addition
NAME				MÉ DEET ADDRESS					į
STREET ADDRESS				REET ADDRESS TY-ST-ZIP					
CITY-ST-ZIP					in Continu	110 07(2)(i) Florida Statutos I	further certi	fy that the i	nformation
12. I hereby	certify that the information supplier	d with this filing does not qualify	for the ex	emption stated t	HOUDSC III	legal effect as if made under o	ath: that I ar	n an officer	or director

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR