## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000078552 May 09, 2000 8:00 am Secretary of State 1. Entity Name AUTO TITLE LOANS, INC. 05-09-2000 90122 044 \*\*\*150.00 Principal Place of Business Mailing Address 1108 W NEW HAVEN AVE 1108 W NEW HAVEN AVE MELBOURNE FL 32904 MELBOURNE FL 32904-4056 US 2. Principal Place of Business 1100 W. New Haven Ave. 3. Mailing Address 1100 W. New Haven Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3342450 Melbourne Melbourne Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRADY, S 2134 SANDALWOOD DR **MELBOURNE FL 32935** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PDTAddition MD Delete TITLE ☐ Change TITLE Joan Levy A.J.A, #303 LEVY, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1177 N A1A #303 India lantic CITY-ST-ZIP CITY-ST-ZIP INDIATLANIC FL 32903 Addition TITLE ☐ Change TITLE Delete Jane G. Neptune 1225 N. Wickham Rd. #521 DRAKE, C NAME NAME STREET ADDRESS STREET ADDRESS 212 TINDAL ST SW CITY-ST-7IP Melbourne, CITY-ST-ZIP PALM BAY FL 32908 ☐ Change - 🔲 Addition TITLE **Z**Delete GRADY, S NAME NAME STREET ADDRESS STREET ADDRESS 2134 SANDALWOOD DR CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 drustee 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

TITLE NAME

STREET ADDRESS CHY-ST-ZIP

☐ Change

☐ Addition