2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000001613

Entity Name: EMERSON PAWN, INC.

FILED Jan 05, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3651 EMERSON ST JACKSONVILLE, FL 32207			3606-1 EMERSON ST JACKSONVILLE, FL 32207		
Current N	/lailing Addre	ss:	New Mailing Address	s:	
P O BOX JACKSON	10815 NVILLE, FL 322	247 US			
FEI Number	r: 59-3366705	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent	t: Name and Address o	f New Registered Agent:	
233 EAST	, SAMUEL BAY ST SUIT NVILLE, FL 322				
The above	e named entity	submits this statement for t	the purpose of changing its registered		
	e of Florida.		and purpose of onlinging to registeres	a office or registered agent, or both,	
	RE:			a oπice or registered agent, or both,	
in the Stat	RE:	nic Signature of Registered		Date	
in the Stat SIGNATU This corpor Election Ca	RE: Electrol ration is eligible to	nic Signature of Registered o satisfy its Intangible Tax filin g Trust Fund Contribution().	Agent g requirement and elects to do so (X).	Date	
in the Stat SIGNATU This corpor Election Ca	RE: Electron	nic Signature of Registered o satisfy its Intangible Tax filin g Trust Fund Contribution().	Agent g requirement and elects to do so (X).		
in the Stat SIGNATU This corpor Election Ca	RE: Electrol ration is eligible to impaign Financin	nic Signature of Registered o satisfy its Intangible Tax filing g Trust Fund Contribution (). CTORS:) Delete AMES P DSS WAY S	Agent g requirement and elects to do so (X).	Date	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address:	Electron ration is eligible to impaign Financin S AND DIRECT PD (CHAMBERS, J 4817 DEERMO JACKSONVILL	nic Signature of Registered o satisfy its Intangible Tax filing g Trust Fund Contribution (). CTORS:) Delete AMES P DSS WAY S E, FL 32217) Delete MARGARET ROOK CIR E	Agent g requirement and elects to do so (X). ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. CHAMBERS PD 01/05/2002