

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90037 031 \*\*\*150.00

**DOCUMENT # P96000003593**

1. Entity Name  
**A PAWN WEST, INC.**



Principal Place of Business  
**6706 CENTRAL AVE  
ST. PETERSBURG FL 33707  
US**

Mailing Address  
**6706 CENTRAL AVE  
ST. PETERSBURG FL 33707  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**6706 Central Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**6706 Central Ave**  
Suite, Apt. #, etc.

City & State  
**St Petersburg FLA**  
Zip  
**33707** Country  
**USA**

City & State  
**St Petersburg FLA 33707**  
Zip  
**33707** Country  
**USA**

4. FEI Number  
**59-3360899**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMETTA, NICOLA  
4500 78TH AVENUE NORTH  
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RAMETTA, NICOLA C**  
STREET ADDRESS **4500 78TH AVE N.**  
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **VP** ☐ Delete  
NAME **RAMETTA, JOSEPHINE**  
STREET ADDRESS **4500 78 AVE N**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **T** ☐ Delete  
NAME **BEDROSIAN, DON**  
STREET ADDRESS **3244 55TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Donald Bedrosian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-4-03 727-384-2274**

CR2E034 (10/02)