

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006170

1. Entity Name

PINE RIDGE PAWN AND JEWELRY, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90017 019 ***150.00

Principal Place of Business

Mailing Address

2033 PINE RIDGE ROAD
#2
NAPLES FL 34109
US

2033 PINE RIDGE ROAD
#2
NAPLES FL 34109-2179
US

2. Principal Place of Business

3. Mailing Address

2033-Pine Ridge Road
Suite, Apt. #, etc.
#2

2033-Pine Ridge Rd
Suite, Apt. #, etc.
#2

City & State

City & State

Naples FL

Naples FL

Zip
34109

Country
USA

Zip
34109

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

65-0039594

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULL-BALNE, NANCY
2033 PINE RIDGE ROAD
NAPLES FL 34109

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.

SIGNATURE

Nancy Hull-Balne V. Pres.

1-20-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HULL-BALNE, NANCY
2033 PINE RIDGE ROAD
NAPLES FL 34109

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Douglas R. Balne
2033 Pine Ridge Rd #2
Naples FL 34109

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

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 trustee 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.

SIGNATURE:

Nancy Hull-Balne

Date

Daytime Phone #

941-591-2882