

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90124 046 \*\*\*150.00

**DOCUMENT # P96000006170**

1. Entity Name

**PINE RIDGE PAWN AND JEWELRY, INC.**

Principal Place of Business

**2033 PINE RIDGE ROAD**  
**#2**  
**NAPLES FL 34109**  
**US**

Mailing Address

**2033 PINE RIDGE ROAD**  
**#2**  
**NAPLES FL 34109**  
**US**

2. Principal Place of Business

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

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**Naples FL**

Zip

**34109**

Country

**USA**

Zip

Country

4. FEI Number **65-0639594**

Applied For

Not Applicable

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

**N/A****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.P.*

(NOTE: Registered Agent signature required when reinstating)

**April 12, 2001**

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, 2001 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 **VPD** ☐ Delete  
NAME **HULL-BALNE, NANCY**  
STREET ADDRESS **2033 PINE RIDGE ROAD**  
CITY-ST-ZIP **NAPLES FL 34109**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **BALNE, DOUGLAS**  
STREET ADDRESS **2033 PINE RIDGE RD., #2**  
CITY-ST-ZIP **NAPLES FL 34109**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941-592-5400****04-12-01**

CR2E034 (10/00)