2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000010828** May 19, 2000 8:00 am Secretary of State AUTOMOBILE TITLE LOANS OF FLORIDA, INC. 05-19-2000 90012 043 ***150.00 Principal Place of Business Mailing Address 619-1 CASSAT AVE 19-1 CASSAT AVE JACKSONVILLE FL 32205-4716 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3366373 Not Applicable Zip Country Country - ~ \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ISAAC, FRED C Street Address (P.O. Box Number is Not Acceptable) 2468 ATLANTIC BLVD JACKSONVILLE FL 32207 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE ☐ Defete KORI, CHARLES NAME NAME STREET ADDRESS 619-1 CASSAT AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL 32205 ☐ Addition ☐ Change TITLE ☐ Delete TITLE **RUNION, JOHN** NAME NAME STREET ADDRESS STREET ADDRESS 619-1 CASSAT AVE CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIE

SCHOOLE KON REHARLES KOPI

4-26-00

(904) 3 89 - 9394

Daytime Phone #