

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079701

1. Entity Name

GOLD KEY PAWNBROKERS, INC.

Principal Place of Business

8822 NORTH FLORIDA AVENUE
TAMPA FL 33604

Mailing Address

8822 NORTH FLORIDA AVENUE
TAMPA FL 33604-1416

2. Principal Place of Business

9000 N. FLORIDA AVE.

Suite, Apt. #, etc.

B

3. Mailing Address

P.O. Box 291344

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Temple TERRACE, FL

Zip

33604

Country

Zip

33687

Country

4. FEI Number

65-0697346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOTWELL, RONALD G
8822 NORTH FLORIDA AVENUE
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name Shotwell, RONALD G.

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

9000 B. N. FLORIDA AVE.

City Tampa

FL

Zip Code

33604

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

RONALD G. SHOTWELL PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SHOTWELL, RONALD G.	
STREET ADDRESS	8822 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shotwell, RONALD G.	
STREET ADDRESS	9000 B. N. FLORIDA AVE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

RONALD G. SHOTWELL PRES.

Date

3/13/00

Daytime Phone #

813-932-7361



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)