200	1 UNI	FORM BU	SINESS REP	₹)		0.10	10			
DOCUMENT # P96000087190							SECON FILED			
WHÄTSHIZNAME'S PAWN MART, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 3489 S MONROE ST 3489 S MONROE ST							OI ȘEP 12 PM 4:	42		
TALLAHASSE			3489 S MONROE ST TALLAHASSEE FL 323	3489 S MONHOLE ST TALLAHASSEE FL 32301			: I ANDRIAN IND INITE BIJSI DOSII DRIIK DAIIK	iðið i (ö fil 3 200 6)(o	I (C) IS INI	
2. Principal F	Place of Busin	ess	3. Mailing Address	3. Mailing Address						
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State	,		4.	FEI Number 59-3405083		pplied For ot Applicable	
Zip	Zip Country 6. Name and Address of Current		Zip	Country			Certificate of Status Desired	\$8.75 Ad Fee Require		
	o. Name	and Address of Curre	nt Registered Agent		Name	7.	Name and Address of New Register	ed Agent		
HUBER, JOSHUA G 3489 S. MONROE STREET					Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301										
City								Zip Cod	de ————————————————————————————————————	
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) DATE										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2 Make Check Payable					ee will be	\$750.00	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11. OFFICERS AND DIRECTORS						A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLALIA COFF FL COCCA				: त Address ST-Zip		90000459 ⁻ -09/18/01 ****150.00	7 3 2 9 - 010640 1 ****15	Addition 125 10.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I	<u></u>		☐ Change	☐ Addition	
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NAME * STREET DORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			☐ 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:

SIGNATURE:

SIGNATURE OF PRINTER NAME OF SIGNING OFFICER RIPEGOUS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SP

☐ Change

☐ Addition

3489 S. Momroe St.
Tallahassee, Fl. 32301
850-671-7296

Whatshizname Pawn Mart

September 12, 2001

Dept. of the State Divisions of Corporations 489 E. Gaines St. Tallahassee, Fl. 32302

Dear Ms. Eure:

Having received this notice from the Dept. of the State (2001 Uniform Business Notice) and the due date of Sept. 12th boldly imprinted, my bookkeeper filed it to be taken care of by that date. This was the first and only notice we received. Having called and inquired, I found that the due date is actually May 1st. We have not received the first notice to let us know this is due by that date.

Sincerely,

Josh Huber