

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90171 016 \*\*\*150.00

**DOCUMENT # P96000102418**

1. Entity Name

**E-Z TITLE LOANS OF AMERICA, INC.**

Principal Place of Business

Mailing Address

705 ST. RD. 7  
MARGATE FL 33068  
US

720 NW 36TH  
OAKLAND PARK FL 33309-5011  
US

2. Principal Place of Business

3. Mailing Address

2718 W. OAKLAND PK BLVD  
Suite, Apt. #, etc.

2718 W. OAKLAND PK BLVD  
Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE FL**  
Zip **33311** Country

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Zip **33311** Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0714406**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TROXELL, DENNIS**  
**720 NW 36 ST.**  
**OAKLAND PARK FL 33309**

7. Name and Address of New Registered Agent

Name

**LARRY COURTNEY**

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

**2718 W. OAKLAND PARK BLVD**

City

**FT. LAUDERDALE**

FL

Zip

**33311**

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!!! 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	TROXELL, DENNIS	720 NW 36 ST.	OAKLAND PARK FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	LARRY COURTNEY	2718 W. OAKLAND PK BLVD	FT. LAUDERDALE FL 33311	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

**4/28/2000**

**954 485 1220**

CR2E034 (9/99)