

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90007 003 \*\*\*550.00

**DOCUMENT # P96000102552**

1. Entity Name  
**PAWN MAX, INC.**



Principal Place of Business

**602 S STATE RD 7  
 MARGATE FL 33068  
 US**

Mailing Address

**602 S STATE RD 7  
 MARGATE FL 33068  
 US**



2. Principal Place of Business

**2868 N SR7**  
 Suite, Apt. #, etc.

3. Mailing Address

**2868 N SR7**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**haudderdale lakes, FL**

City & State  
**haudderdale lakes FL**

4. FEI Number **74-2804226**

Applied For  
 Not Applicable

Zip Country  
**FL 33313 USA**

Zip Country  
**33313 USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALBERT, RON  
 701 BRICKELL AVE. STE 3000  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Payday Max, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2868 N SR7**  
 City **haudderdale lakes** FL Zip Code **33313**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>CEO WHITEHEAD, JERRY D 602 SOUTH STATE RD 7 MARGATE FL 33068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST POLK, ADRIAN 602 S STATE RD 7 MARGATE FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Whitehead, Jerry 2868 N SR7 haudderdale lakes FL 33313</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Polk, Adrian 2868 N. SR7 haudderdale lakes, FL 33313</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-7-01 954-739-6647**  
 Date Daytime Phone #

CR2E034 (5/01)