

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

FL 33313

Country

USA

Zip

33313

Country

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

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 \$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 **CEO** ☐ Delete
NAME **WHITEHEAD, JERRY D**
STREET ADDRESS **602 SOUTH STATE RD 7**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **ST** ☐ Delete
NAME **POLK, ADRIAN**
STREET ADDRESS **602 S STATE RD 7**
CITY-ST-ZIP **MARGATE FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME **Whitehead, Jerry**
STREET ADDRESS **2868 N SR7**
CITY-ST-ZIP **haudderdale Lakes FL 33313**

TITLE **ST** ☒ Change ☐ Addition
NAME **Polk, Adrian**
STREET ADDRESS **2868 N SR7**
CITY-ST-ZIP **haudderdale Lakes, FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-01 954.739.647

CR2E034 (5/01)