

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024713

1. Entity Name

CHOICE PAWN AND JEWELRY, INC.

**FILED**  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90022 017 \*\*\*150.00

Principal Place of Business

Mailing Address

2387 HIGHWAY 98 WEST  
MARY ESTHER FL 32569

2387 HIGHWAY 98 WEST  
MARY ESTHER FL 32569

C0019634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3439691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOENER, CHARLES J III  
7985 WILLIAMS CREEK COURT  
NAVARRE FL 32566

Name

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

City

FL

Zip Code

32569

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SCHOENER, CHARLES J III  
STREET ADDRESS 7985 WILLIAMS CREEK COURT  
CITY-ST-ZIP MARY ESTHER FL 32566 ☐ Delete

TITLE PD  
NAME SCHOENER, CHARLES J III  
STREET ADDRESS 7985 WILLIAMS CREEK COURT  
CITY-ST-ZIP MARY ESTHER FL 32569 ☒ Change ☐ Addition

TITLE STD  
NAME SCHOENER, PAMELA R  
STREET ADDRESS 7985 WILLIAMS CREEK COURT  
CITY-ST-ZIP MARY ESTHER FL 32566 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-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:

*Charles J. Schoener*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00 550 521 2274  
Date Daytime Phone #