

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084584

1. Entity Name
PAWNBROKERS BUSINESS INSURANCE SYSTEMS OF FLORID

Principal Place of Business

1671 AVALON BLVD
CASSELBERRY FL 32707

Mailing Address

PO BOX 180861
CASSELBERRY FL 32718-0861

2. Principal Place of Business

211 Via d'Este #2011

Suite, Apt. #, etc.

Apt # 2011

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Address

211 Via d'Este #2011

Suite, Apt. #, etc.

Apt # 2011

City & State

Delray Beach, FL

Zip

33445

Country

USA

6. Name and Address of Current Registered Agent

POHL, FRANK L
280 W CANTON AVE, SUITE 410
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	ZEE, BARBARA E	
STREET ADDRESS	1671 AVALON BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFORD, DAVID R	
STREET ADDRESS	1671 AVALON BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara E Zee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-00

Date

561-638-0731

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90047 034 ***150.00

630217



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)