

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90130 002 *****8.75
 01-24-2002 90130 001 ***150.00

DOCUMENT # P97000093926

1. Entity Name

C & C PAWN SHOP, INC.

Principal Place of Business

**512 W CENTRAL AVENUE
 BLOUNTSTOWN FL 32424**

Mailing Address

**512 W CENTRAL AVENUE
 BLOUNTSTOWN FL 32424**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

20320 Central Ave. West

Suite, Apt. #, etc.

20320 Central Ave. West

City & State

BLOUNTSTOWN FL

City & State

BLOUNTSTOWN FL

Zip

32424

Country

USA

Zip

32424

Country

USA

4. FEI Number

59-3518241

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KASTLI, WALTER (same)
 512 W CENTRAL AVENUE -
 BLOUNTSTOWN FL 32424**

7. Name and Address of New Registered Agent

Name

KASTLI, WALTER

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

20320 Central Ave. West

BLOUNTSTOWN

City

BLOUNTSTOWN

FL

Zip Code

32424

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, 2002 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 **PD** ☐ Delete
 NAME **KASTLI, WALTER**
 STREET ADDRESS **512 W. CENTRAL AVE.**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **VTS** ☐ Delete
 NAME **KASTLI, REBECCA**
 STREET ADDRESS **512 W. CENTRAL AVE.**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **20320 Central Ave West**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **20320 Central Ave West**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

Walter Kastli
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

(850) 674 8023

Daytime Phone #

CR2E034 (9/01)