

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096901

1. Entity Name

MAIN STREET JEWELRY & PAWN, INC.

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

03-16-2000 90084 010 \*\*\*150.00

Principal Place of Business

2109 B MAIN STREET  
DUNEDIN FL 34698

Mailing Address

2109 B MAIN STREET  
DUNEDIN FL 34698-5659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3477758

Applied For

Not Applicable

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

BROWN, SID  
2700 COVE CAY DRIVE #4B  
CLEARWATER FL 33760

Name

Shaun M. Shea

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

4101 N. Bay Hills Blvd

City

Safety Harbor

FL

Zip Code

34695

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/00  
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 P ☒ Delete  
NAME BROWN, SID  
STREET ADDRESS 2700 COVE CAY DRIVE #4B  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE V ☒ Delete  
NAME PENNESTRI, MARIA  
STREET ADDRESS 2212 SPRINGFIELD DR  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE S ☒ Delete  
NAME BROWN, JUDITH  
STREET ADDRESS 2700 COVE CAY DRIVE #4B  
CITY-ST-ZIP CLEARWATER FL 33760

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 President ☐ Change ☒ Addition  
NAME Shaun M. Shea  
STREET ADDRESS 4101 N. Bay Hills Blvd  
CITY-ST-ZIP Safety Harbor FL 34695

TITLE Secretary ☐ Change ☒ Addition  
NAME Kristin K. Shea  
STREET ADDRESS 4101 N. Bay Hills Blvd  
CITY-ST-ZIP Safety Harbor FL 34695

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SHAUN M. SHEA

SID BROWN PRESIDENT

2/17/00

(727) 733-3700

Date

Daytime Phone #