## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000104898** PAWNACHE, INC. 04-30-2001 90119 021 \*\*\*158.75 Principal Place of Business Mailing Address 585 CLUB SIDE DRIVE #303 585 CLUB SIDE DRIVE #303 NAPLES FL 34110 NAPLES FL 34110 DADATAAA 2. Principal Place of Business 3. Mailing Address 585 CLUBSIDE DRIVE 585 CLUBSIDE OR Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #303 #303 City & State City & State 4. FEI Number Applied For 59-3483975 MAPLES FL NAPLES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 4110 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIRR. MICHELE C 585 CLUB SIDE DRIVE #303 RIVERWOOD NAPLES FL 34110 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 GERALD 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **VPS** TITLE ☐ Delete DINE (ADDRESS CORRECTION ONLY) THOMAS, ROBERT L NAME 585 CLUBSIDE DRINE # 363 STREET ADDRESS 585 CLUB SIDE DRIVE, #303 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-7IP NAPLES FL 34110 PTM Delete TITLE Addition TITLE MICHELE C. THOMOS DIRR, MICHELE C NAME MAMS 585 CUSSIDE DRIVE #303 (morried 10/21/00 STREET ADDRESS 585 CLUBSIDE DR # 303 STREET ADDRESS CITY-ST-Z:P NAPLES FL 34110 CITY - ST - ZIP MARIES, FL 34110 TITLE TILLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiF CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change Acdition: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-Z:P 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 addross, with all other like empowered.

michel C. Tropas michele C. THUMBS

4/15/01 941-514-3020