

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90011 029 \*\*\*158.75

**DOCUMENT # P97000104898**

1. Entity Name  
**PAWNACHE, INC.**

Principal Place of Business  
**585 CLUB SIDE DRIVE #303**  
**NAPLES FL 34110**  
**US**

Mailing Address  
**585 CLUB SIDE DRIVE #303**  
**NAPLES FL 34110**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**585 CLUBSIDE DRIVE #303**  
 Suite, Apt. #, etc.

3. Mailing Address  
**585 CLUBSIDE DRIVE #303**  
 Suite, Apt. #, etc.

City & State  
**NAPLES, FL**

City & State  
**NAPLES**

4. FEI Number  
**59-3483975**

Applied For  
 Not Applicable

Zip  
**34110**  
 Country  
**USA**

Zip  
**34110**  
 Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**DIRR, GERALD J**  
**208 RIVERWOOD ROAD**  
**NAPLES FL 34114**

## 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
 Trust Fund Contribution ☐

## 11. OFFICERS AND DIRECTORS

TITLE  
**VPS**  
 NAME  
**THOMAS, ROBERT L**  
 STREET ADDRESS  
**585 CLUBSIDE DRIVE #303**  
 CITY-ST-ZIP  
**NAPLES FL 34110** ☐ Delete

TITLE  
**PTM**  
 NAME  
**THOMAS, MICHELLE C**  
 STREET ADDRESS  
**585 CLUBSIDE DRIVE #303**  
 CITY-ST-ZIP  
**NAPLES FL 34110** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
**PTM**  
 NAME  
**THOMAS, MICHELLE C**  
 STREET ADDRESS  
**585 CLUBSIDE DRIVE #303**  
 CITY-ST-ZIP  
**NAPLES, FL 34110** ☒ Change ☐ Addition

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

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

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

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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**441-514-3022 RES**  
**441-641-0854 Cell**  
**441-353-3020 BUS**  
 Date **May 3, 2002** Daytime Phone #

CR2E034 (9/01)