

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90129 019 ***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**

2. Principal Place of Business
585 CLUBSIDE DRIVE #303

3. Mailing Address
585 CLUBSIDE DR. #303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL 34110

City & State
NAPLES, FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

MARCH 2, 2003 239-641-0854

Date

Daytime Phone #

CR2E034 (10/02)