

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90712 037 ***550.00

DOCUMENT # P98000003029

1. Entity Name

PAWNBROKER HOLDINGS, INC.

Principal Place of Business

**821 N. WABASH AVE
 LAKELAND FL 33815**

Mailing Address

**821 N. WABASH AVE
 LAKELAND FL 33815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3488306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARPER, ROBERT F IV

908 S. FLORIDA AVE

SUITE 106

LAKELAND FL 33803

Name

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

5900 Imperial Lakes Blvd.

City

Mulberry,

FL

Zip Code

33860-8670

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PT**
 STREET ADDRESS **HARPER, ROBERT F IV**
 CITY-ST-ZIP **908 S FLORIDA AVE, SUITE 106**
LAKELAND FL 33803

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **5900 Imperial Lakes Blvd.**
 CITY-ST-ZIP **Mulberry, FL 33860-8670**

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **BROWNE, PAUL J**
 CITY-ST-ZIP **821 N WABASH AVE**
LAKELAND FL 33815

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

TITLE ☐ Delete
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☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)