FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91018 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046764

DOCUMENT # P98000003029

1. Entity Name
PAWNBROKER HOLDINGS, INC.

Principal Place of Business	Mailing Address
821 N. WABASH AVE LAKELAND, FL 33815	821 N. WABASH AVE LAKELAND, FL 33815

2. Principal Place of Business	3. Mailing Address
1820 W. Memorial Blvd	1820 W. Memorial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lakeland FL	City & State Lakeland FL
Zip 33815 County Polk	Zip 33815 County Polk

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3488308 ☐ 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
HARPER, ROBERT F IV 6900 IMPERIAL LAKES BLVD MULBERRY, FL 33860	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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HARPER, ROBERT F IV 6900 IMPERIAL LAKES BLVD MULBERRY, FL 33860 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BROWNE, PAUL J 821 N WABASH AVE LAKELAND, FL 33815 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Browne, Paul J 1800 West Memorial Blvd Lakeland, FL 33815 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Paul J Browne 03/20/03 682-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Paul J. Browne