

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030417

1. Entity Name

EASY MONEY TITLE LOANS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90019 008 ***150.00

Principal Place of Business

800 N. FEDERAL HWY
 POMPANO BEACH FL 33062

Mailing Address

5295 GREENWICH RD
 STE 108
 VIRGINIA BEACH VA 23462-6046

2. Principal Place of Business

5295 Greenwich Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite #108

Suite, Apt. #, etc.

City & State

Virginia Beach, VA

City & State

4. FEI Number

65-0825443

Applied For

Not Applicable

Zip

23462

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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, 2000 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

TITLE: STD Delete
 NAME: GORDER, TAMI V
 STREET ADDRESS: 5295 GREENWICH ROAD
 CITY-ST-ZIP: VIRGINIA BEACH VA 23462

TITLE: PD Delete
 NAME: GREENBERV, DAVID
 STREET ADDRESS: 5295 GREENWICH ROAD
 CITY-ST-ZIP: VIRGINIA BEACH VA, 23462

TITLE: Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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
 David L. Greenberg

Date

Daytime Phone #

1/31/00 499-1126 (757)