## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000063742**

ALPINE PAWN, INC.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Principal Place of Business Mailing Address 13355 S. BELCHER RD. 13355 S. BELCHER RO. LARGO FL 33773-1648 **LARGO FL 33773** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3521641 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REDNER, KELLIE L Street Address (P.O. Box Number is Not Acceptable) 4415 W SOUTHERN ST LECANTO FL 34461 Zip Code 8. The above name dentity summits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR DATE agent and title if applica (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so  $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition 0 TITLE TITLE Delete John Paul Hines Ar. SCHNOR, CHARLES R NAME NAME 5127-6200St. Nooth, STREET ADDRESS STREET ADDRESS 5251 18TH AVE N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Addition ☐ Defete TITLE TITLE REDNER, KELLIE L NAME NAME STREET ADDRESS STREET ADDRESS 4415 W SOUTHERN ST CITY-ST-ZIP CITY-ST-ZIP LECANTO FL 34461 Addition ☐ Change TITLE ☐ Delete TITLE NAME GREEN, LEA STAR NAME STREET ADDRESS STREET ADDRESS 2117 49TH STREET N CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33710 ☐ Delete ☐ Addition TITLE Change TITLE RILEY, CAROL U NAME NAME STREET ADDRESS STREET ADDRESS 202 GREENVIEW DR, APT 2C CITY-ST-ZIP BUTLER PA 16001 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS 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.

FILED

May 23, 2000 8:00 am Secretary of State

05-23-2000 90246 031 \*\*\*150.00