

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90008 011 ***150.00

DOCUMENT # P99000000798

1. Entity Name
GOLD NUGGET JEWELRY AND PAWN, INC.

Principal Place of Business
**11250 TAMiami TRAIL EAST
 NAPLES FL 34113**

Mailing Address
**489 TALLWOOD ST #B-6
 MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Po Box 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Goodland FL

Zip

Country

Zip
34140

Country

4. FEI Number
59-3550097

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

**CARTWRIGHT, JAY G
 489 TALLWOOD ST #B-6
 MARCO ISLAND FL 34145**

Name

Jay G. Cartwright
 Street Address (P.O. Box Number is Not Acceptable)
565 Coconut Ave

City

Goodland

FL

Zip Code

34140

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CARTWRIGHT, JAY G
 565 COCONUT AVENUE
 GOODLAND FL 34140** ☐ Delete

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

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☐ Change ☐ Addition

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 of a person like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-2002 941-732-0229

CR2E034 (9/01)