## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P99000048999 1. Entity Name E-PAWN, INC. 04-18-2000 90235 010 \*\*\*158.75 Principal Place of Business Mailing Address 1193 N.W. 114 AVE. 1193 N.W. 114 AVE. CORAL SPRINGS FL 33071-6310 CORAL SPRINGS FL 33071 940001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTIN, JENNY Street Address (P.O. Box Number is Not Acceptable) 1193 N.W. 114 AVE. CORAL SPRINGS FL 33071 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 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 TITLE TITLE ☐ Delete DIRECTUR WILLIAM WALKER 1177 W LOOP SOUTH BAZSULY, STEVE - PRESIDENT 10ED NAME NAME STREET ADDRESS STREET ADDRESS 1193 NW 114TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOUSTON TEXAS CORAL SPRINGS FL 33071 Change ☐ Addition VP4 SEC TITLE - DIRECTOR Delete TITLE JENNY MARTIN NAME NAME 1193 NW 114 AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLAL SPRINGS FL 3307/ VP. 4. TREAS + OINECTON Delete-Change \_ \_ Addition \_ \_ TITLE STITLE NAME NAME 1193 NW 114 AUE STREET ADDRESS STREET ADDRESS COLAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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. changed, or on an attachment will

CITY-ST-ZIP

SIGNATURE:

STEVE BAZSUUY, PAES+CÉO.