

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90434 048 ***150.00

DOCUMENT # P99000057512

1. Entity Name
HOBE SOUND PAWN, INC.



Principal Place of Business
**11710 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455**

Mailing Address
**11710 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455**



2. Principal Place of Business

**11170 SIE FEDERAL HWY
Suite, Apt. #, etc.
HOBE SOUND FL
City & State**

3. Mailing Address

**11170 SIE FEDERAL HWY
Suite, Apt. #, etc.
HOBE SOUND, FL
City & State**

☐ CHECK HERE IF MAKING CHANGES

Zip **33455** Country

Zip **33455** Country

4. FEI Number **65-0931636**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRARY, LAWRENCE E III
555 COLORADO AVENUE
SUITE 1
STUART FL 34994**

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. 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

TITLE **D** ☐ Delete
NAME **ADAMS, ARTHUR C**
STREET ADDRESS **1635 S.W. ST. ANDREWS DRIVE**
CITY-ST-ZIP **PALM CITY FL-34490-34990**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **SIGNATURE REQUIRED** **1/17/03 772-546-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)