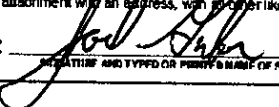


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90186 033 ***160.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21347			
1. Entity Name INTERNATIONAL GOLD & LOAN, INC.			
Principal Place of Business 1719 BLANDING BLVD. JACKSONVILLE, FL 32210		Mailing Address 1719 BLANDING BLVD. JACKSONVILLE, FL 32210	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3081914		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OBERDORFER, E. CHARLES 1719 BLANDING BLVD. JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name JOEL GARBER Street Address (P.O. Box Number is Not Acceptable) 6120-10 POWERS AV SUITE 110 JACKSONVILLE FL 32217	
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  (NOTE: Registered Agent's signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D NAME GARBER, JOEL STREET ADDRESS 6120-10 POWERS AVENUE CITY-ST-ZIP JACKSONVILLE, FL	☐ Delete	
TITLE	D NAME GARBER, DAVID STREET ADDRESS 6120-10 POWERS AVENUE CITY-ST-ZIP JACKSONVILLE, FL	☐ Delete	
TITLE	D NAME GARBER, FAY STREET ADDRESS 6120-10 POWERS AVENUE CITY-ST-ZIP JACKSONVILLE, FL	☐ Delete	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 a power like empowered.			
SIGNATURE: 		2/27/03 (904) 276-2472	

CP2E004 (10/02)