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)

60051417

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.

City & State

Zip | Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip | Country

☑ CHECK HERE IF MAKING CHANGES

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 Zip Code 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: ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GARBER, JOEL	
STREET ADDRESS	6120-10 POWERS AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	☐ Delete
NAME	GARBER, DAVID	
STREET ADDRESS	6120-10 POWERS AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	☐ Delete
NAME	GARBER, FAY	
STREET ADDRESS	6120-10 POWERS AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Joel Garber 2/27/03 (904) 276-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #