2001 UNIFORM BUSINESS REPORT (UBR) 07-05-2001 90009 049 ***1 50.00 V00350 **DOCUMENT # V00350** FILED 1. Entity Name BARTOW JEWELRY & PAWN SHOP, INC. 01 JUL 15 PM 5: 23 SECRETARY OF STATE Principal Place of Business Mailing Address 425 EAST MAIN STREET 425 EAST MAIN STREET BARTOW FL 33830 BARTOW FL 33830 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0301903 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENKINS, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable). 425 EAST MAIN STREET BARTOW FL 33830 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Bo Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. ☐ Addition Delete TITLE TITLE ☐ Change Name NAME WILLIAM W JENKINS STREET ADDRESS STREET ADDRESS 1107 HALAM DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Addition TITLE ☐ Delete ☐ Change NAME JENKINS, ERIK D NAME STREET ADDRESS STREET ADDRESS 1041 OLD SOUTH DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete Change Addition: TITLE TITLE JENKINS, MAY B NAME NAME STREET ADORESS STREET ADDRESS 1107 HALLAM DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Oalete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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, with all other like empowered. SIGNATURE: JAM

PAGE 25/2 June 28, 200 10# V00350 A0075552

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This applicasion was Filed last due to exservasing Circumstances. Plan Consider Foregoing the pendity For last Filing. My accourant, Bu Mender of Brown and Mender, 1720 South Florethe Due talated, Fl. J3803, Fill OFF his four and died. I did not redire he had these papers and had not fill them Until They Turad up with some other papers. I am Tirly South For this ext of the for the Consideration.

Your Trely Wall a Julian Project