

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18466

1. Entity Name

COLONEL'S PAWN DEPOT, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90325 013 ***150.00

Principal Place of Business

Mailing Address

3546 S MILITARY TR
LAKE WORTH FL 33463
US

3546 S MILITARY TR
LAKE WORTH FL 33463-8734
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0310302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLURE, DAVID ALAN
70 W CYPRES RD
LAKE WORTH FL 33467

Name

HORTON, EDWIN ALLEN

Street Address (P.O. Box Number is Not Acceptable)

3546 S Military Tr

4915 NABARREE RD

City

LAKE WORTH

FL

Zip Code

33460

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

E. Horton

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MORTON, EDWIN	
STREET ADDRESS	3546 S MILITARY TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGOODMAN, DAN	
STREET ADDRESS	3546 S MILITARY TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAKELAND, TIM	
STREET ADDRESS	3546 S MILITARY TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, EDWIN	
STREET ADDRESS	3546 S Military Tr.	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOODWIN, DON	
STREET ADDRESS	3546 S Military Tr.	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

56-439-4403

Daytime Phone #

CR2E034 (9/99)