2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am Secretary of State DOCUMENT # V42474 02-09-2001 90298 001 *****8.75 WINTER PARK PAWN, INC. 02-09-2001 90298 002 ***150.00 Principal Place of Business Mailing Address 2238 W FAIRBANKS AVE 2238 W FAIRBANKS AVE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business Mailing Address 941 N. Orlando Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3123197 FI Not Applicable Country Zlp Country \$8.75 Additional 5. Certificate of Status Desired rang Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY, RONALD T. Street Address (P.O. Box Number is Not Acceptable) 4740 CLEVERAND HEIGHTS BLVD SUITE 1/ rlando LAKELÁND FL 33813 City 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Managing Divertor Paul K. Ashe 941 N. Orlando Ave Winter-Park. £1. 32789 DP Delete TITLE ☐ Addition TITLE NISSEN, BELMAR M. NAME NAME 8004 WALT WILLIAMS RD STREET ADDRESS STREET ADDRESS LAKELAND FL .. _ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete TITLE ☐ Change Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1). Florida Statutes: I further certify that the information indicated on his report of 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 address, with all other like empowered.

FILED