

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000006163

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: TIGER FINANCIAL SERVICES, INC.

Current Principal Place of Business:

149 SAND PINE DR.
JUPITER, FL 33477

New Principal Place of Business:

356 RIVER EDGE RD.
JUPITER, FL 33477

Current Mailing Address:

149 SAND PINE DR.
JUPITER, FL 33477

New Mailing Address:

356 RIVER EDGE RD.
JUPITER, FL 33477

FEI Number: 72-1200712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORNELL, BARBARA H
149 SAND PINE DR.
JUPITER, FL 33477

Name and Address of New Registered Agent:

FORNELL, BARBARA H
356 RIVER EDGE RD.
JUPITER, FL 33477

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: _____

Electronic Signature of Registered Agent

04/28/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: FORNELL, BARBARA H
Address: 149 SAND PINE DR.
City-St-Zip: JUPITER, FL 33477

Title: SDC () Delete
Name: FORNELL, GLEN H
Address: 149 SAND PINE DR.
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: FORNELL, BARBARA H
Address: 356 RIVER EDGE RD.
City-St-Zip: JUPITER, FL 33477

Title: SDC (X) Change () Addition
Name: FORNELL, GLEN H
Address: 356 RIVER EDGE RD.
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA H. FORNELL

Electronic Signature of Signing Officer or Director

PDC

04/28/2002

Date