

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90052 023 ***150.00

DOCUMENT # 443878

1. Entity Name
T.I.G. CORPORATION

Principal Place of Business

~~1727 ALAMANDA DR~~
~~NAPLES FL 34102~~
~~US~~

Mailing Address

1698 IXORA DRIVE
NAPLES FL 34102
US

← SAME →

2. Principal Place of Business

1698 IXORA DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

4. FEI Number **59-1585345**

Applied For

Not Applicable

Zip **34102**

Country **Collier**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CECIL, WILLIAM
1698 IXORA DRIVE
NAPLES FL 34102

← Note typo! →

7. Name and Address of New Registered Agent

Name

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

City

FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **PD** ☐ Delete
NAME **CECIL, WILLIAM H.**
STREET ADDRESS **1698 IXORA DR..**
CITY-ST-ZIP **NAPLES FL**

TITLE **STD** ☐ Delete
NAME **OTTEN, ROGER .**
STREET ADDRESS **1408 CLARET CT**
CITY-ST-ZIP **FT MYERS FL**

TITLE **VPD** ☐ Delete
NAME **FAUST, RICHARD**
STREET ADDRESS **4950 GOLDEN GATE PKY.**
CITY-ST-ZIP **NAPLES 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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

1-7-02

Date

Pres

Daytime Phone #

CR2E034 (9/01)