

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90103 047 \*\*\*150.00

DOCUMENT # F02000004882

1. Entity Name  
TIGER TELEMATICS USA, INC.



Principal Place of Business  
2065 CANTU CT.  
SARASOTA FL 34232

Mailing Address  
2065 CANTU CT.  
SARASOTA FL 34232



2. Principal Place of Business

4190 Belfort Rd  
Suite 200  
Jacksonville FL

3. Mailing Address

4190 Belfort Rd  
Suite 200  
Jacksonville, FL

☒ CHECK HERE IF MAKING CHANGES

City & State  
Jacksonville FL  
Zip  
32216  
Country  
USA

City & State  
Jacksonville, FL  
Zip  
32216  
Country  
USA

4. FEI Number 04-3694843

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRENDER, MICHAEL W *ok*  
~~6001 POWERLINE RD.~~  
~~FT. LAUDERDALE FL 33309~~

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number if Not Applicable)  
4190 Belfort Rd Ste 200  
City JACKSONVILLE FL Zip Code 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael W. Carrender* MICHAEL W. CARRENDER 4-1-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVST	<input type="checkbox"/> Delete
NAME	CARRENDER, MICHAEL W	
STREET ADDRESS	6001 POWERLINE RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NASSAR, AJ	
STREET ADDRESS	6001 POWERLINE RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>PDST</del> PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4190 Belfort Rd Ste 200	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael W. Carrender*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03 904-279-9240  
Date Daytime Phone #

CR2E034 (10/02)