## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR F99000005018

DOCUMENT # 1. Entity Name

Principal Place of Business 2875 N.E. 191ST STREET.

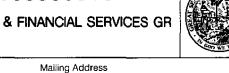


04-30-2003 90316 033 \*\*\*150.00

Apr 30, 2003 8:00 am Secretary of State

**FILED** 

TIGERQUOTE.COM	INSURANCE	&	<b>FINANCIAL</b>	<b>SERVICES</b>	GR
OUP, INC.					



2875 N.E. 191ST STREET.

STE 300 STE 300 MIAMI FL 33180 MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

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☐ CHECK HERE IF MAKING CHANGES

65-0943391

Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6.	Name and Address of Cur	rent Registered Agent			7. Name and Address of New R	egistered	Agent	
				Name				
MILLER, TRAVIS L 106 EAST COLLEGE AVE., SUITE 1200				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE	FL 32301							
				City		F	Zip Code	

8	. The above named entity submits this sta	itement for the purpose of changing	ng its registered office or registered	d agent, or both, in the State of Florida	. I am familiar with, and accept
	the obligations of registered agent. 😼				

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing

4. FEI Number

\$5.00 May Be

Applied For

Not Applicable

	c Payable to Florida Department of State			Trust Fund Co	ontribution.	∐ Added	to Fees
10. OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD (S)	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	MEIER, BRADLEY I		NAME				1
STREET ADDRESS	2875 NE 191 ST #300		STREET ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33180 AGA		CITY-ST-ZIP	<u> </u>			
TITLE	CFO	☐ Delete	TITLE			Change	☐ Addition
	LYNCH, JAMES M		NAME				J
STREET ADDRESS	2875 NE 191 ST #300		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33180		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	SLOGOFF, REED J		NAME				
STREET ADDRESS	233 SOUTH 6TH STREET, #812-IIA		STREET ADORESS				
	PHILADELPHIA PA 19106		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	MEIER, NORMAN M		NAME				ĺ
STREET ADDRESS	19589 N.E. 10TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	☐ Addition
	WILENTZ, JOEL M		NAME				
STREET ADDRESS	19589 N.E. 10TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP		_		
TITLE	D	☐ Delete	TITLE	•		Change	☐ Addition
	KELLNER, IRWIN L		NAME				ł
STREET ADDRESS	19589 N.E. 10TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		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 exempt 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

Daytime Phone #