

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90276 028 ***150.00

0661514 AB

DOCUMENT # G38850

1. Entity Name
THE FIRST TIGER CORPORATION



Principal Place of Business
% MICHELE E. STOTTLER
8 TRADITIONAL LN.
LOUDONVILLE NY 12211-1931

Mailing Address
% MICHELE E. STOTTLER
8 TRADITIONAL LN.
LOUDONVILLE NY 12211-1931



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2503273**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTTLER, MICHELE E
1102 S BREVARD AVE
COTTONDALE FL 32431

Name Stotler, Michele E.
Street Address (P.O. Box Number is Not Acceptable)

City Cocoa Beach **FL** Zip Code 32931

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STOTTLER, RICHARD H., II.**
STREET ADDRESS **2016 BELLE MONTI AVE.**
CITY-ST-ZIP **BELMONT CA 94002**

TITLE ☒ Change ☐ Addition
NAME Stotler, Richard H. III
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **STOTTLER, LORI**
STREET ADDRESS **1102 S. BREVARD AVE.**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1115 S. Brevard Ave.
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **STOTTLER, MICHELLE**
STREET ADDRESS **8 TRADITIONAL LANE**
CITY-ST-ZIP **LOUDONVILLE NY 12211-1931**

TITLE ☒ Change ☐ Addition
NAME Stotler, Michele E.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED Michele E. Stotler 4/30/03 (518) 489-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)