

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H17636**

1. Entity Name

TIGER HOLDING, INC.**FILED**
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90039 035 ***150.00

Principal Place of Business

**114 SUNSET DRIVE
COCOA BEACH FL 32931
US**

Mailing Address

**P.O.B OX 321484
COCOA BEACH FL 32932
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2463815

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUNTING, JEANETTE R
114 SUNSET DRIVE
COCOA BEACH FL 32931**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D VP	<input type="checkbox"/> Delete
NAME	KOMANICKY, PAVEL D	
STREET ADDRESS	1431 WASHINGTON BLVD SUITE 2103	
CITY-ST-ZIP	DETROIT MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BUNTING, JAMES R., JR.	
STREET ADDRESS	148 WEST VOLUSIA LANE	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SDP	<input type="checkbox"/> Delete
NAME	BUNTING, JEANETTE R.	
STREET ADDRESS	114 SUNSET DRIVE	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BUNTING, LINDA	
STREET ADDRESS	148 WEST VOLUSIA LANE	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TIGER, JULIANNA	
STREET ADDRESS	101 IROQUOIS ROAD	
CITY-ST-ZIP	YONKERS N	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	BUNTING, JEANETTE, R	
STREET ADDRESS	114 SUNSET DR	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)