

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 77090

1. Entity Name

TIG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5140 N.E. 29th AVE.

(SAME)

LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2592914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0068742

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASSALACQUA, ANTHONY

5140 N.E. 29th AVE.

LIGHTHOUSE POINT, FL 33064

Name

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

5140 N.E. 29th AVE.

City

LIGHTHOUSE PT.

FL

Zip Code

33064

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

Anthony Passalacqua

ANTHONY

PASSALACQUA

4/27/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
PASSALACQUA, ANTHONY
5140 N.E. 29th AVE.
LIGHTHOUSE PT., FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5140 N.E. 29th AVE.
LIGHTHOUSE PT., FL 33064

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PASSALACQUA, CATHERINE
5140 N.E. 29th AVE.
LIGHTHOUSE PT., FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5140 N.E. 29th AVE.
LIGHTHOUSE PT., FL 33064

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Anthony Passalacqua

ANTHONY

PASSALACQUA

4/27/01

(954)

427-7852

CR2E034 (9/99)