

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81563

1. Entity Name

LITTLE TIGER MOBILE CHECK CASHING SERVICE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 043 ***150.00

Principal Place of Business

4600 BABCOCK ST
 PALM BAY FL 32905
 US

Mailing Address

1100 W NEW HAVEN AVE
 W MELBOURNE FL 32904-4056

2. Principal Place of Business

3. Mailing Address

4600 Babcock St. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Palm Bay, FL

4. FEI Number

59-2841402

Applied For

Not Applicable

Zip

Country

Zip

Country

32905

USA

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

STAR, G
 2134 SANDALWOOD DR
 MELBOURNE FL 32935

Name

KARL W. BOHNE, JR.

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

780 S. Apollo Blvd.

Suite 107

City

Melbourne

FL

Zip Code

32901

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]
 Signature, typed or printed name of registered agent and title if applicable.

Karl W. Bohne Jr

4-26-00

(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	P	<input type="checkbox"/> Delete
NAME	LEVY, P	
STREET ADDRESS	1100 W NEW HAVEN AVE	
CITY-ST-ZIP	W MELBOURNE FL 32094	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVY, JOAN	
STREET ADDRESS	1100 W NEW HAVEN AVE	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVY-MAGANA, J.C.	
STREET ADDRESS	450 ORIOLE LN	
CITY-ST-ZIP	INDIALANTIC FL 32903	
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		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane G. Neptune	
STREET ADDRESS	1225 N. Wickham Rd. #521	
CITY-ST-ZIP	Melbourne, FL 32935	
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		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)