

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # M81563**1. Entity Name
LITTLE TIGER MOBILE CHECK CASHING SERVICE, INC.**Principal Place of Business**

4600 BABCOCK ST

PALM BAY

32905

US

FL

Mailing Address

4600 BABCOCK ST NE

PALM BAY

32905

US

FL

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**59-2841402**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BOHNE KARL WJR**
780 S. APOLLO BLVD
SUITE 107
MELBOURNE
32901

FL

US

7. Name and Address of New Registered Agent

Name

BOHNE KARL WJR

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

1803 AIRPORT BLVD

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 _____ **04/27/2001**

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 **S** ☒ Delete
NAME **NEPTUNE JANE G**
STREET ADDRESS **1225 N. WICKAM RD, #521**
CITY-ST-ZIP **MELBOURNE FL 32935**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☒ Delete
NAME **LEVY-MAGANA J.C.**
STREET ADDRESS **450 ORIOLE LN**
CITY-ST-ZIP **INDIALANTIC FL 32903**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **LEVY, JOAN**
STREET ADDRESS **1100 W NEW HAVEN AVE**
CITY-ST-ZIP **W MELBOURNE FL**TITLE **VP** ☒ Change ☐ Addition
NAME **LEVY JOAN**
STREET ADDRESS **1177 N. HWY A-1-A #303**
CITY-ST-ZIP **INDIALANTIC FL 32903**TITLE **P** ☐ Delete
NAME **LEVY P**
STREET ADDRESS **1100 W NEW HAVEN AVE**
CITY-ST-ZIP **W MELBOURNE FL 32094**TITLE **P** ☒ Change ☐ Addition
NAME **LEVY PAUL**
STREET ADDRESS **1177 N. HWY A-1-A #303**
CITY-ST-ZIP **INDIALANTIC FL 32903**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: PAUL R. LEVY

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)