

FILED  
Jul 03, 2003 8:00 am  
Secretary of State

04-28-2003 90176 015 \*\*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N02000009768</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                |                                                                   |
| 1. Entity Name<br><b>ORDER OF DRAGON AND TIGER INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                 |                                                                   |
| Principal Place of Business<br>1956 S.W. ALADDIN ST.<br>PORT ST. LUCIE FL 34953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              | Mailing Address<br>1956 S.W. ALADDIN ST.<br>PORT ST. LUCIE FL 34953                                             |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              | 3. Mailing Address<br><b>P.O. Box 880635</b>                                                                    |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | Suite, Apt. #, etc.<br><b>Port St. Lucie, FL</b>                                                                |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              | City & State<br><b>34988</b>                                                                                    |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                      | Zip                                                                                                             | Country                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                 |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>FALCON, RON</b><br><b>1956 S.W. ALADDIN ST.</b><br><b>PORT ST. LUCIE FL 34953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              | 4. FBI Number<br><b>52-2390038</b><br>Applied For<br><input type="checkbox"/> Not Applicable                    |                                                                   |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              | 8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                        |                                                                   |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |                                                                                                                 |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |                                                                                                                 |                                                                   |
| FILE NOW: FEE IS \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              | Make Check Payable to<br>Florida Department of State                                                            |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>P, D</b><br><b>FALCON, RON</b><br><b>1956 S.W. ALADDIN ST.</b><br><b>PORT ST. LUCIE FL 34953</b><br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D</b><br><b>Hess-Falcon, Rhonda</b><br><b>1956 S.W. Aladdin St.</b><br><b>Port St. Lucie, FL 34953</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D</b><br><b>Seal, Wayne</b><br><b>1831 S.E. Lennard Rd</b><br><b>Port St. Lucie, FL 34957</b><br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, 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: <b>RONALD FALCON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              | Date: <b>26 April 03</b> (772) 340-7080                                                                         |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | Date Daytime Phone #                                                                                            |                                                                   |

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☐ CHECK HERE IF MAKING CHANGES

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