

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035392

1. Entity Name

TIGER CONSULTANTS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90041 009 ***150.00

0041491

Principal Place of Business

539 ONE CENTER BLVD., SUITE 305
ALTAMONTE SPRINGS FL 32701

Mailing Address

539 ONE CENTER BLVD., SUITE 305
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

518 ONE CENTER BLVD.

3. Mailing Address

518 ONE CENTER BLVD.

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

59-3640930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIN, BRAD

539 ONE CENTER BLVD., SUITE 305
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name FAIN, BRAD

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

518 ONE CENTER BLVD.

SUITE 203

City

ALTAMONTE SPRINGS, FL

Zip Code

32701

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, 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

TITLE PD
NAME FAIN, BRAD
STREET ADDRESS 539 ONE CENTER BLVD., SUITE 305
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 518 ONE CENTER BLVD., SUITE 203
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad J. Fain

4/27/01

Date

(407) 831-7882

Daytime Phone #

CR2E034 (10/00)