

FILED
Jul 01, 2003 8:00 am
Secretary of State

07-01-2003 90041 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000035392		
1. Entity Name TIGER CONSULTANTS, INC.		
Principal Place of Business 518 ONE CENTER BLVD 203 ALTAMONTE SPRINGS, FL 32701		Mailing Address 518 ONE CENTER BLVD 203 ALTAMONTE SPRINGS, FL 32701
2. Principal Place of Business 3458 Rolling Hills Ln. Suite, Apt. #, etc.		3. Mailing Address 3458 Rolling Hills Ln Suite, Apt. #, etc.
City & State Apopka, FLORIDA		City & State Apopka, FLORIDA
Zip 32712 Country ORANGE		Zip 32712 Country ORANGE
4. FEI Number 59-3840930		Applied For ☐ Yes ☒ No
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.		
6. Name and Address of Current Registered Agent FAIN, BRAD 518 ONE CENTER BLVD STE 203 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name FAIN, BRAD Street Address (P.O. Box Number is Not Acceptable) 3458 Rolling Hills Ln. City Apopka FL Zip Code 32712
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 <u><i>Brad J. Fain</i></u> DATE <u>6/26/03</u> Signature must be printed (name of registered agent and title if applicable) (NOTE: Registered Agent's printed signature is not acceptable)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD FAIN, BRAD 518 ONE CENTER BLVD STE 203 ALTAMONTE SPRINGS, FL 32701 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3458 Rolling Hills Ln Apopka, FL 32712 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 807, 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: <u><i>Brad J. Fain</i></u> BRAD J. FAIN DATE <u>6/26/03</u> 407-595-3281		

90140591



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (1/0/02)

President-Tiger Consultants, Inc.