

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90002 026 ***150.00

DOCUMENT # P00000046499

1. Entity Name
TIGER TRIM, INC.

Principal Place of Business

Mailing Address

4917 24TH AVE. SW
NAPLES FL 34116

4917 24TH AVE. SW
NAPLES FL 34116

2. Principal Place of Business

3. Mailing Address

9196 MANDARIN RD.

9196 MANDARIN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS FL

FT. MYERS FL

Zip

Country

Zip

Country

33912

USA

33912

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODOY, FERNANDO S
4917 24TH AVE. SW
NAPLES FL 34116

Name

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

9196 MANDARIN RD.

City

FT. MYERS

FL

Zip Code

33912

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
GODOY, FERNANDO S
4917 24TH AVE. SW
NAPLES FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9196 MANDARIN RD.
FT. MYERS, FL 33912

TITLE
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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)