

# 2001 UNIFORM BUSINESS REPORT (UBR)

6/19/01-90005-033-\$150.00-\$150.00  
 \* 9/10/01-90053-028-\$450.00-\$450.00

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 SEP 24 AM 8:58

DOCUMENT # P00000072626

1. Entity Name  
 TIGER CARPENTRY, INC.

Principal Place of Business Mailing Address  
 13125 S JOHN YOUNG PKWY UNIT 318 1527 E CONCORD STREET  
 ORLANDO FL 32837 ORLANDO FL 32803

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 59-3450438 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALLEY, WAYNE  
 1527 E CONCORD ST  
 ORLANDO FL 32803

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D BARENBERG, DAVID  
 3103 SCUB BRUSCH CT  
 KISSIMMEE FL 34743

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
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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 no address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4 Sept 01 407-301-4206

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

CP20034 (5/01)