

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

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

05-01-2003 90990 007 ***150.00

0122644 AV

DOCUMENT # P00000076144

1. Entity Name
EMERALD TIGER REAL ESTATE AND FINANCIAL SERVICES
INC.



Principal Place of Business
728 LINCOLN AVE
SUITE 2
MELBOURNE FL 32901-4806
US

Mailing Address
PO BOX 1253
MELBOURNE FL 32902-1253
US



2. Principal Place of Business
728 LINCOLN AVE.

3. Mailing Address
728 LINCOLN AVE.

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.
SUITE 1

City & State
MELBOURNE, FL

City & State
MELBOURNE

4. FEI Number 59-3662351

Applied For
Not Applicable

Zip Country
32901-4806 USA

Zip Country
32901-4806 USA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENGERT, ROBIN SHANE
728 LINCOLN AVE
SUITE 2
MELBOURNE FL 32901-4806

Name
WENGERT, ROBIN SHANE
Street Address (P.O. Box Number is Not Acceptable)
728 LINCOLN AVE -
SUITE 1
City MELBOURNE FL Zip Code 32901-4806

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, the obligations of registered agent.

SIGNATURE DATE 4-28-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input type="checkbox"/> Delete
NAME	WENGERT, ROBIN	
STREET ADDRESS	241 FORECAST LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: DATE 4-28-03 321-984-3835

CR2E084 (10/02)