

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90167 023 ***150.00

DOCUMENT # P00000084732

1. Entity Name

TIGER TAIL CAPITAL INC.

Principal Place of Business

**10844 W. YULEE DR.
HOMOSASSA FL 34448**

Mailing Address

**10844 W. YULEE DR.
HOMOSASSA FL 34448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2309038
~~APPLICABLE FOR~~

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JENKINS, KEVIN

**10844 W. YULEE DR.
HOMOSASSA FL 34448**

7. Name and Address of New Registered Agent

Name

Dwight L. Porter

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

11690 W. Gregory Ct

City

Homosassa FL

FL

Zip Code

34448

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-02

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, 2002 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	D <input checked="" type="checkbox"/> Delete
NAME	JENKINS, KEVIN
STREET ADDRESS	10844 W. YULEE DR.
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	D <input type="checkbox"/> Delete
NAME	PORTER, DWIGHT L
STREET ADDRESS	11690 W. GREGORY CT.
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristie B Snyder
STREET ADDRESS	11690 W Gregory Ct
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

Date

Daytime Phone #

CR2E034 (9/01)