

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90051 048 ***150.00

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

DOCUMENT # P01000016144					
1. Entity Name ALPHATIGER DESIGN, INC.					
Principal Place of Business 2029 NORTH OCEAN DRIVE #203 FT. LAUDERDALE, FL 33305			Mailing Address 2029 NORTH OCEAN DRIVE #203 FT. LAUDERDALE, FL 33305		
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 65-1075412	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, DWIGHT A 2809 NE 24TH PLACE FT. LAUDERDALE, FL 33305			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, appoint or please name of registered agent and title if applicable. (NONE: Registered Agent Signature required when appointing)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PS	☐ Delete			
NAME	TAYLOR, DWIGHT A				
STREET ADDRESS	2809 NE 24TH PLACE				
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33305				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-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 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 title empowered.					
SIGNATURE: <u><i>Dwight A Taylor</i></u> 4.22.03 503-6065					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR20034 (10/02)