

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90186 030 ***150.00

DOCUMENT # P02000036988

1. Entity Name
EIGHTEEN TIGERS, INC.



Principal Place of Business
**6652 MARISSA CIR
LAKE WORTH FL 33467**

Mailing Address
**6652 MARISSA CIR
LAKE WORTH FL 33467**



2. Principal Place of Business
287 INDIANTOWN RD # 2 B
Suite, Apt. #, etc.

3. Mailing Address
842 ROYAL PALM BEACH BLVD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JUPITER, FL

City & State
ROYAL PALM BEACH, FL

4. FEI Number
37-1426233

Applied For
☐ Not Applicable

Zip Country
33477-0008 PALM BEACH

Zip Country
33411 PALM BEACH

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

**BOYD, JAMES
6766 WINDPOINT WAY
LAKE WORTH FL 33467**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **PSTD** ☐ Delete
NAME **COQUIN, VANIDA**
STREET ADDRESS **6652 MARISSA CIR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **COQUIN, VANIDA**
STREET ADDRESS **842 ROYAL PALM BEACH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

PRESIDENT

561-745-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)