

03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 13 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056983

1. Entity Name

TIGER CLEANING SERVICES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 STATE ROAD A1A # 509

3. Mailing Address

2900 STATE ROAD A1A # 509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ATLANTIC BEACH, FL

City & State
ATLANTIC BEACH, FL

4. FEI Number

Applied For

Not Applicable

Zip
32233

Country
DUVAL

Zip
32233

Country
DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHNSON, TYRONE

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

2900 STATE ROAD A1A # 509

City ATLANTIC BEACH

FL

Zip Code
32233

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
JOHNSON, TYRONE
2900 STATE ROAD A1A # 509 ATLANTIC
BEACH, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200020818572
06/13/03--01032--002 **150.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/03
Date

904-241-2533
Daytime Phone #

CR2E034B (12/02)

76/13