2003	FOF	RPRO	OFIT (CORP	ORAT	TION
UNIFO	RM	BUSI	NESS	REPO	DRT ((UBR)

DOCUMENT # P02000133541 1. Entity Name TIGER POWDER COATINGS, INC.						04-14-2003 90735 017 ***150.00					
Principal Place of Business 3904 AIRPORT ROAD PLANT CITY FL 33567 2. Principal Place of Business			Mailing Address 3904 AIRPORT ROAD PLANT CITY FL 33567 3. Mailing Address				I IBBIYABI NI BBIYABIYA KATIK BANIK BANK		• 10181 8114 8		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	111			plied For at Applicable	7
Zip	Country		Zip	Coun		5. Certificate of Status Desired			8.75 Addee Require]
	6. Name and Addre	ess of Current Re	gistered Agent	J		7.	Name and Address of New Re		<u></u>		7
DOCEDO	DICHARD D				Name	=		···			- -
-	_richard_d Port road				Street Addres	s (P.O. E	lox Number is Not Acceptable)			- 1, 1, 2	1
	TY FL 33567										1
TEAT OF TE 3000					City			FL	Zip Code	e	1
	e named entity submits to tions of registered agent		e purpose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Flor	ida. I am far	niliar with,	and accept	
SIGNATURE	Signature, typed or printed nam	e of registered agent and t	itle if applicable. (NOT	E: Registere	d Agent signature requ	ired when re	einstating)	* DATE			
Aftè	ILE NOW!!! FEE IS r May 1, 2003 Fee wi k Payable to Florida I	II be \$550.00	tate				Election Campaign Fina Trust Fund Contribution			0 May Be to Fees	
10.	 	OFFICERS AND DIF	RECTORS	11.		AD	DITIONS/CHANGES TO OFFIC			5 IN 11	٦,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, RICHARD 3904 AIRPORT ROA PLANT CITY FL 335	\D	□ Delete					[□ Change	☐ Addition	70074 740/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		#	☐ Delete						_ Change	☐ Addition	1,6
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME * STREET ADDRESS CITY-ST-ZIP			☐ Delete						_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************	☐ Delete					C] Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ET ADDRESS -ST-ZIP		119.07(3)(i), Florida Statutes. I I		_ Change	Addition	7

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 impowered 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 AND TYPED ON DENTED NAME OF SIGNING OFFICER OR DIRECTOR

hogels

4-10-03

813)991-4493

Daytime Phone #