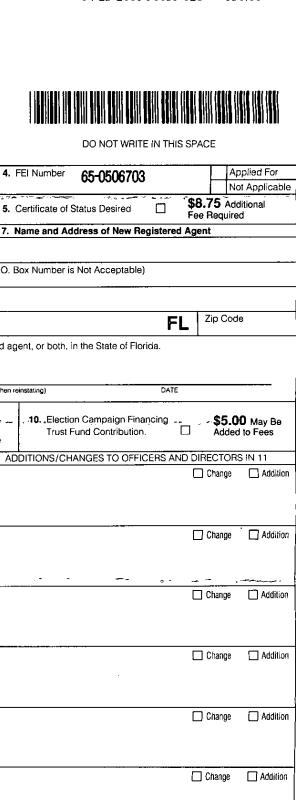
## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000015722 1. Entity Name TIGER ORCHID PRODUCTS INC. Principal Place of Business Mailing Address 6590 WILD ORCHID LANE 6590 WILD ORCHID LANE SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 6. Name and Address of Current Registered Agent Name SCULLY, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 6590 WILD ORCHID LANE SARASOTA FL 34241 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00

## FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90059 026 \*\*\*150.00



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.

After MAY 1, 2001 Fee will be \$550.00

12.

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP-

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

9. This corporation is eligible to satisfy its Intangible

SCULLY, ROBERT M

SARASOTA FL 34241

6590 WILD ORCHID LANE

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

NAME

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP ==

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

ROBERT M. SOULLY