

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90140 016 ***150.00

DOCUMENT # P94000021169

1. Entity Name

TIGER TRANSPORTATION OF FLORIDA, INC.

Principal Place of Business

**1305 MARTIN LUTHER KING JR. BLVD.
 #19
 PLANT CITY FL 33566**

Mailing Address

**1305 MARTIN LUTHER KING JR. BLVD.
 #19
 PLANT CITY FL 33566**

80113635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2504 Robin Dr.

3. Mailing Address

2504 Robin Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

4. FEI Number

59-3230703

Applied For

Not Applicable

Zip

Country

33566 Hillsboro

Zip

Country

33566 Hillsboro

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

~~LAWTON, JERRY K~~

~~1305 MARTIN LUTHER KING JR. BLVD.
 SUITE 19
 PLANT CITY FL 33566~~

Name

LAWTON, JERRY K

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

2504 Robin Dr

City

PLANT CITY

FL

Zip Code

33566

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

Jerry Lawton

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

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAWTON, JERRY K	
STREET ADDRESS	2504 ROBIN DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Jerry Lawton, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E034 (9/01)