

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000078552**1. Entity Name
LITTLE TIGER LEASING, INC.

Principal Place of Business 1100 W NEW HAVEN AVENUE MELBOURNE FL 32904 US	Mailing Address 1100 W NEW HAVEN AVENUE MELBOURNE FL 32904 US
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2. Principal Place of Business 4600 BABCOCK ST NE	3. Mailing Address 4600 BABCOCK ST NE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PALM BAY FL	City & State PALM BAY FL
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Zip 32905	Country US	Zip 32905	Country US
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4. FEI Number 59-3342450	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBOHNE KARL WJR
780 S APOLLO BLVD, SUITE 107

MELBOURNE FL 32901 US**7. Name and Address of New Registered Agent**

Name BOHNE KARL WJR
Street Address (P.O. Box Number is Not Acceptable) 1803 AIRPORT BLVD
City MELBOURNE FL Zip Code 32901

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEPTUNE JANE G 1225 N WICKHAM ROAD, #521 MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LEVY JOAN 1177 N HIGHWAY A1A, #303 INDIALANTIC FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LEVY PAUL 1177 N A1A #303 INDIATLANIC FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY JOAN 1177 N HIGHWAY A1A, #303 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY PAUL R 1177 N A1A #303 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PAUL R. LEVY

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04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)