2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # **P96000015165** 1. Entity Name **Secretary of State** LITTLE TIGER CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 4600 BABCOCK ST NE 4600 BABCOCK ST NE PALM BAY FL PALM BAY FL32905 32905 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3360683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOHNE JR KARL BOHNE JR KARL 780 S APOLLO BLVD Street Address (P.O. Box Number is Not Acceptable) 1803 AIRPORT BLVD **SUITE 107** MELBOURNE FL32901 US City Zip Code MELBOURNE 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. 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition NEPTIME MAME JANE \mathbf{G} NAME 1225 N WICKHAM RD #521 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE. FL 32935 CITY-ST-ZIP CEO ☐ Delete TITLE VР X Change NAME LEVY PAUL R. NAME LEVY JOAN STREET ADDRESS 1177 N A1A #303 STREET ADDRESS 1177 N A1A #303 CITY-ST-ZIP INDIALANTIC \mathbf{FL} CITY-ST-ZIP INDIALANTIC FL32903 Delete TITLE X Change ☐ Addition LEVY JOAN NAME LEVY PAIII. STREET ADDRESS 1177 N A1A #303 STREET ADDRESS 1177 N A1A #303 CITY-ST-ZIP INDIALANTIC FLCITY-ST-ZIP INDIALANTIC FL. 32903 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/27/2001

Date

Daytime Phone #

SIGNATURE: _ PAUL R. LEVY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR