

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90042 015 \*\*\*150.00

**DOCUMENT # P96000039544**

1. Entity Name:

**TIGER SECURITY AND INVESTIGATIONS INC.**

Principal Place of Business

879 N VOLUSIA AVE  
 STE C  
 ORANGE CITY FL 32763  
 US

Mailing Address

879 N VOLUSIA AVE  
 STE C  
 ORANGE CITY FL 32763-4847  
 US

2. Principal Place of Business

879 N VOLUSIA AVE  
 Suite, Apt. #, etc.  
 Suite D

3. Mailing Address

Same  
 Suite, Apt. #, etc.

City & State

Orange City Florida  
 Zip  
 32763

City & State

Zip  
 Country  
 Volusia

4. FEI Number

59-3387769

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, MIKE  
 879 N VOLUSIA AVE  
 STE C  
 ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name: Richard Cox  
 Street Address (P.O. Box Number is Not Acceptable): 890 W. New York Ave Suite D  
 Deland 32721  
 City: FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VEGA, MIKE	
STREET ADDRESS	829 HENDERSON ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, CHARLES	
STREET ADDRESS	1011 GENOA AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKSON, H M	
STREET ADDRESS	10121 GENRONA AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HUBBES, R J	
STREET ADDRESS	225 JARVIS AVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2000

Date

904.774.7848

Daytime Phone #

CR2E034 19/99