

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047783

1. Entity Name

TIGER TRANSPORT & RECOVERY, INC.

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90325 044 ***150.00

Principal Place of Business

Mailing Address

5479 NW 121 AVE
CORAL SPRINGS FL 33076
US

P O BOX 72
POMPANO BCH FL 33061
US

2. Principal Place of Business

3. Mailing Address

1627 So. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BCH FLA

4. FEI Number 65-0676594

Applied For

Not Applicable

Zip 33060

Country

US

Zip

Country

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

MILLER, ROB
5479 NW 121 AVE
CORAL SPRINGS FL 33076

Name Robert Miller

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

1627 So. Dixie Hwy

City

POMPANO BCH FL

Zip Code

33060

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

Robert Miller

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

(NOTE: Registered Agent signature required when reinstating)

02/20/01

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, 2001 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 D
NAME MILLER, ROBERT
STREET ADDRESS 2525 S.E. 7TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE PRESIDENT
NAME Robert Miller
STREET ADDRESS P.O. BOX 72
CITY-ST-ZIP POMPANO BCH FL 33061

☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/01 954-782-8727

Date

Daytime Phone #