

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 045 ***150.00

DOCUMENT # P98000062288

1. Entity Name
TIGER 1 DELIVERY, INC.

DO NOT WRITE IN THIS SPACE

669454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6715 WHITE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
c/o STAHL & ASSOCIATES

Suite, Apt. #, etc.

138 N. SWINTON AVENUE

City & State
WEST PALM BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number
65-0849550

Applied For
Not Applicable

Zip
33407

Country
USA

Zip
33444

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
KENNETH R. CURRY

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

5018 MALLARD COURT

City
COCONUT CREEK

FL **Zip Code**
33073

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IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CURRY, KENNETH R.
5018 MALLARD COURT
COCONUT CREEK, FL 33073

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **KENNETH CURRY, PRES** **5-2-02** **561-239-6411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)