

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015262

1. Entity Name

TIGER AUTO SALES, INC.

Principal Place of Business

2138 N. EDGEWOOD AVENUE
JACKSONVILLE FL 32254

Mailing Address

2138 N. EDGEWOOD AVENUE
JACKSONVILLE FL 32254-1721

2. Principal Place of Business

2138 N. Edgewood Ave.
Suite, Apt. #, etc.

3. Mailing Address

2138 N. Edgewood Avenue
Suite, Apt. #, etc.

City & State

Jacksonville FL 32254

City & State

Jacksonville, FL

4. FEI Number

59-3564173

Applied For

Not Applicable

Zip

32254

Country

Duval

Zip

32254-1721

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TULLIS, GARY B
9104 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name ROBERT C. NICHOLS

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

1873 Edgewood Ave. So.

City JACKSONVILLE

FL

Zip Code 32205

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.

ROBERT C. NICHOLS

3-16-2000

(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 PD
NAME SMITHWICK, MICHAEL O
STREET ADDRESS 2138 N. EDGEWOOD AVE.
CITY-ST-ZIP JACKSONVILLE FL 32254

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P.-D
NAME La. Mae Parry
STREET ADDRESS 5582 PAUL BETT DRIVE
CITY-ST-ZIP JACKSONVILLE-FLORIDA 32277

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Michael O. Smithwick
MICHAEL O. SMITHWICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 2000 (904) 378-0201

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE