2001 UNIFORM BUSINESS REPORT (UBR)									FILE		· · · _ =	 	
DOCUMENT # P9900051724 1. Entity Name LITTLE TIGER AUTO SALES, INC.								Apr 27, 2001 08:00 AM Secretary of State					
Principal Place of Business 4600 BABCOCK ST NE				Mailing Address 4600 BABCOCK ST NE								-	
PALM BAY FL 32905 US			PALM BAY 32905	us	FL								
2. Principal P	lace of Busin			3. Mailing Address								-	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE	–	
City & State PALM BAY FL				City & State				4. FEI Number Applied For S9-3652658 Not Applicable					
Zip 32905		Country		Zip	Coun	try		5. Certificate o			\$8.75 Ad Fee Require	ditional	
	6. Name	and Address of	Current R	egistered Agent		Name	·-·	7. Name and A	ddress of New I	Registered	Agent		
BOHNE 780 S APOL	KARL LO BLVD, S	WJR UITE 107				BOHNE Street A			s Not Acceptabl	e)	. <u>. </u>	<u>.</u> .	
MELBOURI 32901	NE	US	FL			City		- · · · · · · · · · · · · · · · · · · ·		F	Zip Coo	le	
8. The above	named entity	y submits_this sta	tement for t	he purpose of changing it	s registere	MELBO		d agent, or both,	in the State of Fi		32901	<u></u> -	
Tax filing r	oration is eligi	or printed name of regis	ntangible	file if applicable. (NO FILE NOW After MAY 1, 2 Make Check Paya	!!! FEE 001 Fee	IS \$150.i will be \$5	00	Tenet	ion Campaign Fi Fund Contributio	DATE nancing		00 May Be	
11.		OFFICE	RS AND D	3	12.	-partition	i Or Grace		HANGES TO OF	FICERS AN	ID DIBECTOR	S IN 11	
TITLE NAME STREET ADDRESS	S NEPTUNE 1225 N WI	JANE CKHAM RD 521	G	☐ Delete	TITLI NAM STRE		VP LEVY 1177 N	JOAN HWY A-1-A #303		102/107	™ Change	Addition	
CITY-ST-ZIP	MELBOU	RNE		FL 32935	CITY	- ST-ZIP		LANTIC		FL	32903	· ~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY 1100 W NI W MELBO	JOAN EW HAVEN AVE DURNE		☐ Delete FL 32904				PAUL HWY A-1-A #303 ANTIC	R S	FL	Change 32903	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAM STRE					- -	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					-	10 S	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			,				☐ Change	☐ Addition	
of the cor	poration or th	i or supplementa le receiver or trus	i report is ti	nis filing does not qualify for the and accurate and that rered to execute this repor thall other like empowered	my signai t as requi	ilire shall h	ava tha es	ma jagal attact :	e if made under	anth: that I	am an officer	or director	

04/27/2001 Date

Daytime Phone #

SIGNATURE: PAUL R LEVY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR