


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051724	
1. Entity Name LITTLE TIGER AUTO SALES, INC.	

FILED

03 JUL 21 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2124 Palm Bay Rd. NE	3. Mailing Address 2124 Palm Bay Rd. NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Palm Bay, Florida	City & State Palm Bay, Florida	4. FEI Number 59-3652658	Applied For Not Applicable
Zip 32905	Country USA	Zip 32905	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KARL W. BOHNE, JR.
Street Address (P.O. Box Number is Not Acceptable) 1803 Airport Blvd
City Melbourne
FL Zip Code 32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joan Levy 250 Rose Cup Ln Indialantic, FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jane Neptune 2124 Palm Bay Rd Palm Bay, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400021693384 07/21/03-01007-010 **185.00
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03 321-953-9999

Date

Daytime Phone #

CR2E034B (12/02)

SP