

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22637

1. Entity Name

LITTLE TIGER CHECK CASHING & FINANCIAL CENTER, I

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 045 ***150.00

Principal Place of Business

1100 W NEW HAVEN AVE
 MELBOURNE FL 32904
 US

Mailing Address

1100 W NEW HAVEN AVE
 MELBOURNE FL 32904-4056
 US

2. Principal Place of Business

3. Mailing Address

4600 Babcock St. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Bay, FL

Zip

Country

Zip

Country

32905

USA

4. FEI Number

59-3114717

Applied For

Not Applicable

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

GRADY, E STAR
 2134 SANDALWOOD DR
 SUITE A-115
 MELBOURNE FL 32935

Name

KARL W. BOHNE JR

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

780 S. Apollo Blvd.

Suite 107

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.

SIGNATURE

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

Karl W. Bohne, Jr

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, CHER	
STREET ADDRESS	212 TINDAL ST. SW	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, JOAN	
STREET ADDRESS	1100 W NEW HAVEN AVE	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GRADY, STAR	
STREET ADDRESS	2134 SANDALWOOD DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN LEVY	
STREET ADDRESS	1177 N. Hwy A-1-A, #303	
CITY-ST-ZIP	Indianapolis FL 32903	
TITLE	V.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE G. NEPTUNE	
STREET ADDRESS	1225 N. Wickham Rd. #521	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Jane G. Neptune, Vice Pres. 4-27-00 321-953-9999

Date

Daytime Phone #

CR2E034 (9/99)