

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # V22637**1. Entity Name
LITTLE TIGER FINANCIAL CENTER, INC.

Principal Place of Business

1100 W NEW HAVEN AVE

MELBOURNE

32904

FL

US

Mailing Address

4600 BABCOCK ST. N.E.

PALM BAY

32905

FL

US

2. Principal Place of Business

4600 BABCOCK ST NE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY

FL

City & State

Zip

32905

Country

US

Zip

Country

4. FEI Number

59-3114717

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOHNE KARL WJR

780 S. APOLLO BLVD

SUITE 107

MELBOURNE

32901

FL

US

7. Name and Address of New Registered Agent

Name

BOHNE KARL WJR

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

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, 2001 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	VS	<input checked="" type="checkbox"/> Delete
NAME	NEPTUNE JANE G	
STREET ADDRESS	1225 N. WICKHAM RD. #521	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY JOAN	
STREET ADDRESS	1100 W NEW HAVEN AVE	
CITY-ST-ZIP	W MELBOURNE FL 32904	

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LEVY JOAN	
STREET ADDRESS	1177 N. HWY A-1-A #303	
CITY-ST-ZIP	INDIALANTIC FL 32903	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY JOAN	
STREET ADDRESS	1177 N. HWY A-1-A #303	
CITY-ST-ZIP	INDIALANTIC FL 32903	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY PAUL R	
STREET ADDRESS	1177 N. HWY A-1-A #303	
CITY-ST-ZIP	INDIALANTIC FL 32903	

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: PAUL R. LEVY

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)