

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90384 038 ***550.00

DOCUMENT # P01000076376

1. Entity Name
TITAN INDUSTRIALS, INC.

Principal Place of Business
1977 CROWN PARK DRIVE
VALRICO FL 33594

Mailing Address
1977 CROWN PARK DRIVE
VALRICO FL 33594

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3736891

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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

7.- Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CEO	BALKCOM, MICHAEL I		
1977 CROWN PARK DRIVE			
VALRICO FL 33594			
TD	BALKCOM, MICHAEL I		
1977 CROWN PARK DRIVE			
VALRICO FL 33594			
CFOS	CLEMENTS, TACY M. TACY M. BALKCOM	CFOS	TACY M. BALKCOM
1977 CROWN PARK DRIVE		1977 CROWN PARK DRIVE	
VALRICO FL 33594		VALRICO, FL. 33594	
MARRIAGE LICENSE COPY - ENCLOSED			

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 REQUIRED** **07/22/2002** **(678)** **488-7862**

CR2E034 (4/02)

Attachment

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

676161
P01000076376

2002-2417

(APPLICATION NUMBER)

BK 637 PG 079

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) MICHAEL IVOR BALKCOM			2. DATE OF BIRTH (Month, Day, Year) JANUARY 4, 1970		
3a. RESIDENCE - CITY, TOWN, OR LOCATION VALRICO		3b. COUNTY HILLSBOROUGH	3c. STATE FLORIDA		4. BIRTHPLACE (State or Foreign Country) WISCONSIN
5a. BRIDE'S NAME (First, Middle, Last) TACY MARIE CLEMENTS			5b. MAIDEN SURNAME (If different) AUVIL		6. DATE OF BIRTH (Month, Day, Year) APRIL 11, 1956
7a. RESIDENCE - CITY, TOWN, OR LOCATION VALRICO		7b. COUNTY HILLSBOROUGH	7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 7, 2002
11. TITLE OF OFFICIAL MICHELE GRIFFITH/DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 7, 2002
15. TITLE OF OFFICIAL MICHELE GRIFFITH/DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE HILLSBOROUGH	18. DATE LICENSE ISSUED MAY 7, 2002	18a. DATE LICENSE EFFECTIVE MAY 10, 2002	19. EXPIRATION DATE JULY 9, 2002
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE DEPUTY CLERK	20c. BY D.C. MG

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) MAY 10, 2002	22. CITY, TOWN, OR LOCATION OF MARRIAGE TAMPA FLORIDA
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 419 PIERCE ST TAMPA FL 33602
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) MICHELE GRIFFITH DEPUTY CLERK	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER 594-12-1168	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) NOVEMBER 15, 1993
30. SOCIAL SECURITY NUMBER 236-92-4089	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 3	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) JULY 9, 1992



Attachment. PO1000076376
676161

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT ON
FILE IN MY OFFICE. WITNESS MY HAND AND
OFFICIAL SEAL THIS 15th DAY OF May 2008



RICHARD AKE, CLERK
BY Richard Ake D.C.