

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460855

1. Entity Name

TOMTITUS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90064 034 \*\*\*150.00

Principal Place of Business

Mailing Address

5132 TAMPA WEST BOULEVARD  
SUITE 110  
TAMPA FL 33634-2409  
US

5132 TAMPA WEST BOULEVARD  
SUITE 110  
TAMPA FL 33634-2409  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1552122

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITUS, THOMAS H

~~11513 LAKE RIDGE RD~~  
~~TAMPA FL 33618~~

PO BOX 1203  
TARPON SPRINGS FL 34688-1203

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.

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.  
(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  
NAME **TITUS, THOMAS**  
STREET ADDRESS ~~11513 LAKE RIDGE RD~~ **PO BOX 1203**  
CITY-ST-ZIP ~~TAMPA FL~~ **TARPON SPRINGS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34688-1203**

TITLE  
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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

4/12/00 813-886-8460  
Date Daytime Phone #

CR2E034 (9/99)