

2001 UNIFORM BUSINESS REPORT (UBR)

2/1/

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-01-2001 90106 025 ***150.00

DOCUMENT # 460855

1. Entity Name

TOMTITUS, INC.



31550



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5132 TAMPA WEST BOULEVARD SUITE 110 TAMPA FL 33634-2409 US	Mailing Address 5132 TAMPA WEST BOULEVARD SUITE 110 TAMPA FL 33634-2409 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1552122	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TITUS, THOMAS H 11510 LAKE RIDGE RD TAMPA FL 33618 710 George St.	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Thomas H Titus* DATE: **1/23/01**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐	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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TITUS, THOMAS 710 George St PO Box 1203 TAMPA FL Tarpon Springs FL 34688-1203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like information.

SIGNATURE: *Thomas H Titus* DATE: **1/23/01** DAYTIME PHONE: **813-886-8460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS H TITUS

CR2ED04 (10/00)