## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** F01000006510 DOCUMENT #

1. Entity Name

TITANIUM INDUSTRIES, INC.



Jan 27, 2003 8:00 am **Secretary of State** 01-27-2003 90379 041 \*\*\*150.00

**FILED** 

Principal Place of Business Mailing Address **48 SOUTH STREET 48 SOUTH STREET** MORRISTOWN NJ 07960 MORRISTOWN NJ 07960 2. Principal Place of Business 3. Mailing Address 181 EAT HALLEY Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES O<sup>City & State</sup> City & State 4. FEI Number Applied For 22-3832645 PRSIPP ANY gragg, 290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 07054 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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) FILE NOW!!! FEE IS 6150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL F TITLE (Change ☐ Addition ☐ Delete PADDOCK, JAMES S NAME NAME GADS YELLAH TEAS 181 **48 SOUTH STREET** STREET ADDRESS STREET ADDRESS MORRISTOWN NJ YZUCO TU, Maddisud CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition FERMENT, JOSEPH F 181 EAST HOLLEY ROAD NAME **48 SOUTH STREET** STREET ADDRESS STREET ADDRESS PORSIPPONY, NJ 07054 DICK PRES. PENÍ MORRISTOWN NJ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F Change Addition BRETT PODDOLL ROD NAME STREET ADDRESS STREET ADDRESS PORSIPHONY, NJ DOJY CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME

indicated on this report or supplemental report is true and accurate and that my sighature 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 10 or Block 11 if

STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR