

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90079 008 ***150.00

DOCUMENT # F99000000404

1. Entity Name
TITAN RESOURCES INC.



Principal Place of Business
**712 U.S. HIGHWAY ONE, STE. 301
NORTH PALM BEACH FL 33408**

Mailing Address
**712 U.S. HIGHWAY ONE, STE. 301
NORTH PALM BEACH FL 33408**



2. Principal Place of Business

2050 E. Irla Bronson Hwy.
Suite, Apt. #, etc.

3. Mailing Address

631 US Hwy One
Suite, Apt. #, etc.

City & State

Kissimmee Fl.

City & State

North Palm Bch. Fl

Zip
34744

Country

Oscalo

Zip

33408

Country

4. FEI Number

65-0880464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GEIGER, JAMES
742 LAKESIDE DRIVE
NORTH PALM BEACH FL 33408**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
GEIGER, JAMES
742 LAKESIDE DRIVE
NORTH PALM BEACH FL 33408**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 **561 844 8448**
DATE DAYTIME PHONE #

CR2E034 (10/02)