

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0067273 AV

04-17-2002 90011 035 \*\*\*150.00

**DOCUMENT # J65586**

1. Entity Name  
**TILT-CON CORPORATION**

Principal Place of Business      Mailing Address  
**1003 ORIENTA AVENUE      1003 ORIENTA AVENUE**  
**ALTAMONTE SPRINGS FL 32701      ALTAMONTE SPRINGS FL 32701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2786869**      Applied For  
 Not Applicable

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

**GROSMAN, KURT E**  
**1308 LAKE WILLISARA CIRCLE**  
**ORLANDO FL 32806**

Name **KURT E. GROSMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5043 WINWOOD WAY**  
 City **ORLANDO**      FL      Zip Code **32819**

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 **Kurt E. Grosmann**      DATE **4/9/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2002 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  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

TITLE  Delete  
 NAME **D THEISEN, MARK W., SR.**  
 STREET ADDRESS **1003 ORIENTA AVE**  
 CITY-ST-ZIP **ALTAMONTE SPGS FL 32701**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D THEISEN, ROBERT W., JR.**  
 STREET ADDRESS **1003 ORIENTA AVE**  
 CITY-ST-ZIP **ALTAMONTE SPGS FL 32701**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GROSMAN, KURT E.**  
 STREET ADDRESS **200 E. ROBINSON, SUITE 1150**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Kurt E. Grosmann**      DATE **4/9/02**      (407) 292-0808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/01)