

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028212 AF

**DOCUMENT #** L00000013429

**1. Entity Name**  
TITAN TESTING, LLC

FILED

01 APR 26 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
410 SW 4TH TERRACE  
DANIA FL 33004

**Mailing Address**  
P.O. BOX 350465  
FT LAUDERDALE FL 33305



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

**MJH**

<b>4. FEI Number</b>		Applied For	
		<input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
FAIRBANKS, RICHARD B 410 SW 4TH TERRACE DANIA FL 33004		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** \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Fairbanks, Richard B. 2637 Aqua Vista Blvd. Fort Lauderdale, Fl. 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Parrot, David 620 San Marco Drive Fort Lauderdale, Fl. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wood, Guy Clifford Hill Grove Farm, Rt 1 Box 56N Fork Union, Va. 23055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*\*55.00 \*\*\*\*\*55.00

**11.** 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Richard B. Fairbanks* **Richard B. Fairbanks** 4/24/01 954-929-5200  
Date Daytime Phone #

CR2E083 (11/00)