2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
05-07-2002 90348 016 ****50.00

DOCUMENT # L01000017528

1. Entity Name
TITANIUM MORTGAGE & FINANCIAL GROUP, LLC

Principal Place of Business	Mailing Address
3750 US 27 NORTH 2-C SEBRING FL 33870 US	3114 DOLPHIN DRIVE SEBRING FL 33870 US

96632

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3750 US 27 North	3750 US 27 North
Suite, Apt. #, etc.: 2-C	Suite, Apt. #, etc.: 2-C
City & State: Sebring, Florida	City & State: Sebring, Florida
Zip: 33870 Country: Highlands	Zip: 33870 Country: Highlands

4. FEI Number 22-3835786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VASSELL, VINROY
3114 DOLPHIN DRIVE
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name: Vinroy Vassell
Street Address (P.O. Box Number is Not Acceptable): 3750 US 27 North Suite 2-C
City: Sebring FL Zip Code: 33870

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: _____ Vinroy Vassell 4/19/02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VASSELL, VINROY A 3114 DOLPHIN DRIVE SEBRING FL 33870	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BUCHANAN, ALVIN S 5107 SHAD DRIVE SEBRING FL 33870	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RODRIGUEZ, JOSE A 11902 PAYNE ROAD SEBRING FL 33875	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: SIGNATURE REQUIRED 4/19/02 863-382-8094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)