

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010291

1. Entity Name

TITAN DEVELOPMENT Group LLC



FILED

03 APR -2 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

Mailing Address

13336 North CENTRAL AVE.  
Tampa FL 33612

4909 SPRUCE HILL  
#400-700  
CANTON OH 44718

2. Principal Place of Business

19112 BECKETT DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

4. FEI Number

29-4763444

Applied For

Not Applicable

Zip

33556

Country

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVERETT, ROBERT J.  
13336 N. CENTRAL AVE  
TAMPA FL 33612

Name

EVERETT, ROBERT J.

Street Address (P.O. Box Number is Not Acceptable)

8313 SOLANO BAY LOOP STE. 1511

City

TAMPA

FL

Zip Code  
33635

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: ROBERT J. EVERETT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/03  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DANIELE JOSEPH F.  
13336 N. CENTRAL AVE  
TAMPA FL 33612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
19112 BECKETT DR.  
ODESSA FL 33556 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300015166883  
04/02/03-01031-005 \*\*\$5.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 31, 2003

Date

913-926-1323

Daytime Phone #

CR2E083 (10/02)