

FILED
Apr 22, 2002 8:00 am
Secretary of State

03-25-2002 90165 016 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000306

1. Entity Name

TITAN CONSTRUCTION COMPANY, L.L.C.

Principal Place of Business

18880 FORD AVE. STE 103
RICHMOND HILL GA 31324
785 KING GEORGE BOULEVARD
BUILDING 1, SUITE D
SAVANNAH GA 31419

Mailing Address

18880 FORD AVE. STE 103
RICHMOND HILL GA 31324
SAME

2. Principal Place of Business

785 KING GEORGE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG. 1, STE. D

City & State
SAVANNAH GA 31419

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2583734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

23965



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRESIDENT	GRANT R. BEESON	785 KING GEORGE BLVD, BLDG. 1, STE. D	SAVANNAH GEORGIA 31419	<input type="checkbox"/>
TREASURER	JANET N. ADAMS	785 KING GEORGE BLVD, BLDG. 1, STE. D	SAVANNAH GEORGIA 31419	<input type="checkbox"/>
VICE PRESIDENT	ANTHONY D. ADAMS JR.	785 KING GEORGE BLVD, BLDG. 1, STE. D	SAVANNAH GEORGIA 31419	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SUSAN STAPLETON

OFFICE ADMINISTRATOR

Date

Daytime Phone #

3/14/02 912-961-6393

CR2E083 (9/01)