

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90132 045 \*\*\*150.00

DOCUMENT # **M 16361** ✓

1. Entity Name  
**Titus Associates, INC.**

Principal Place of Business  
**5810 NE 20 TERR.  
 FT. LAUDERDALE,  
 FL. 33308**

Mailing Address  
**5810 NE 20 TERR.  
 FT. LAUDERDALE,  
 FL. 33308**

2. Principal Place of Business  
**5810 NE 20 TERR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5810 NE 20 TERR.**  
 Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL.**

City & State  
**FT. LAUDERDALE, FL.**

Zip  
**33308** Country  
**USA**

Zip  
**33308** Country  
**USA**

4. FEI Number  
**59-2547951**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JERRY L. TITUS  
 2716 OAK TREE LN.  
 FT. LAUDERDALE, FL.  
 33309**

7. Name and Address of New Registered Agent  
 Name  
**JERRY L. TITUS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5810 NE 20 TERR.**  
 City  
**FT. LAUDERDALE** FL Zip Code  
**33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D JERRY L. TITUS 2716 OAK TREE LN. FT. LAUDERDALE, FL. 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D KATHLEEN M. TITUS 2716 OAK TREE LN. FT. LAUDERDALE, FL. 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D JERRY L. TITUS 5810 NE 20 TERR. FT. LAUDERDALE, FL. 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D KATHLEEN M. TITUS 5810 NE 20 TERR. FT. LAUDERDALE, FL. 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: **Jerry L. Titus** **JERRY L. TITUS** 04/23/01 (954) 328-0952  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)