

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90735

1. Entity Name

TITAN MARKETING GROUP, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90070 038 \*\*\*150.00

Principal Place of Business

1000 S PALM CANYON DR  
SUITE 204  
PALM SPRINGS CA 92264  
US

Mailing Address

PO BOX 956  
CRYSTAL RIVER FL 92263-2045  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 2045

Suite, Apt. #, etc.

City & State

Palm Springs, CA

Zip

92263

Country

US

4. FEI Number

59-2909047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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, 2000 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 PTD ☐ Delete

NAME BALLARD, GALEN O.  
STREET ADDRESS 4039 S. BLUE RIVER COVE  
CITY-ST-ZIP HOMOSASSA SPRINGS FL

TITLE DS ☐ Delete

NAME BROOKS, MARY A.  
STREET ADDRESS 4039 S. BLUE RIVER COVE  
CITY-ST-ZIP HOMOSASSA SPRINGS FL

TITLE D ☐ Delete

NAME MELLON, R. BRADFORD  
STREET ADDRESS #20 SURREY RIDGE  
CITY-ST-ZIP CASTLE ROCK CO

TITLE D ☐ Delete

NAME CANARY, RICHARD L  
STREET ADDRESS 1795. MCCAULEY RD  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete

NAME HOPKINS, CLAYTON W DR  
STREET ADDRESS 2288 DREW STREET, SUITE E  
CITY-ST-ZIP CLEARWATER FL 34625

TITLE D ☒ Delete

NAME KING, STEPHEN A  
STREET ADDRESS 28471 U.S. HWY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL 34621

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition

NAME BALLARD, GALEN O.  
STREET ADDRESS 255 AVENIDA GRANADA #121  
CITY-ST-ZIP PALM SPRINGS, CA 92264

TITLE DS ☒ Change ☐ Addition

NAME BROOKS, MARYANN  
STREET ADDRESS 255 AVENIDA GRANADA #121  
CITY-ST-ZIP PALM SPRINGS, CA 92264

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition

NAME HOPKINS, CLAYTON W. DR.  
STREET ADDRESS 8130 66TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE D ☐ Change ☒ Addition

NAME REID, JAMES D.  
STREET ADDRESS 2601 LAUDAU LANE  
CITY-ST-ZIP BOSSIER CITY, LA 71111

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:

Galen O. Ballard *Galen O. Ballard* 2-14-2000 760-318-0811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)