

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90030 049 ***158.75

DOCUMENT # M90735

1. Entity Name

TITAN MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

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

PO BOX 2045
 PALM SPRINGS CA 92263
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2045

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARIANNA, FL

Zip

Country

Zip

Country

32447

U.S.

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

FLORIDA INCORPORATORS, INC.
 1221 BRICKELL AVENUE
 SUITE 900
 MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS BROOKS, MARY A.
 CITY-ST-ZIP 255 AVENIDA GRANADA #121
 PALM SPRINGS CA 92264

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME D
 STREET ADDRESS CANARY, RICHARD L
 CITY-ST-ZIP 1795 MCCAULEY RD
 CLEARWATER FL

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS DR. STEWART GREGORY
 CITY-ST-ZIP 629 ROCK SHADOW COURT
 STONE MOUNTAIN, GA 30087

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 850-526-7585

CR2E034 (10/00)