2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90019 034 ***150.00

0527882

DOCUMENT # P00000013319

1. Entity Name
TITAN AUTOMOTIVE SERVICES, INC.

Principal Place of Business	Mailing Address
1021 S. COMBEE ROAD. #4 LAKELAND FL 33801	1021 S. COMBEE ROAD. #4 LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1013 S. Combee Rd	1013 S. Combee Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL.	City & State: Lakeland FL
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. FEI Number 59-3621315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAFLEN, ANGELA R
551 HOWARD AVENUE
LAKELAND FL 33815-3404

7. Name and Address of New Registered Agent

Name: ANGELA R. Weflen
Street Address (P.O. Box Number is Not Acceptable): 1303 Longwood Oaks Blvd
City: Lakeland FL Zip Code: 33811

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] owner/VP Angela Weflen 3.12.01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEFLEN, TITUS L 551 HOWARD AVENUE LAKELAND FL 33815-3404 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1303 Longwood Oaks Blvd 33811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEFLEN, ANGELA R 551 HOWARD AVENUE LAKELAND FL 33815-3404 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1303 Longwood Oaks Blvd 33811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] Angela Weflen 3/12/01 863 667-27C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #