FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am **Secretary of State** P00000047472 DOCUMENT # 1. Entity Name 02-07-2002 90061 039 ***150.00 TITAN FUNDING, INC. Principal Place of Business Mailing Address 14975 N NEBRASKA AVENUE 14975 N NEBRASKA AVENUE **TAMPA FL 33613 TAMPA FL 33613** 2. Principal Place of Business DO NOT WRITE IN THIS SPACE & State 4. FEI Number Applied For 59-3645376 amr Not Applicable \$8.75 Additional 5. Certificate of Status Desired DOVOU Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STULMAN MITTLER, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 15313 SUMMERWIND DRIVE **TAMPA FL 33618** 8. The above named entity submitted ulman DATE Signature, type agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Change **X**Addition TITLE A Delete NAME NAME MITTLER, MICHAEL T 3202 Smitter Rd STREET ADDRESS STREET ADDRESS 15313 SUMMERWIND DRIVE tampa , FL 33618 CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP [] Change ☐ Addition TITLE Delete TITLE NAME TRINKLE, NANCY R STREET ADDRESS STREET ADDRESS 2515 LAKE ELLEN CIRCLE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not questry 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 accorde and that my signature shall have the same legal effect as if made under eath; 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

SIGNATURE:

changed, or on an attachment with

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered