

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90487 021 ***150.00

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DOCUMENT # P00000067315

1. Entity Name
TITAN PROPERTIES AND MANAGEMENT, INC.

Principal Place of Business Mailing Address
420 E. HIBISCUS DR., UNIT 1 **420 E. HIBISCUS DR., UNIT 1**
LAKELAND FL 33803 **LAKELAND FL 33803**

2. Principal Place of Business 3. Mailing Address
PO Box 2112 **PO Box 2112**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lakeland, FL **Lakeland, FL**

Zip Country Zip Country
33806-2112 **USA** **33806-2112** **USA**

4. FEI Number Applied For
EIN 59-3695910 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAYT, PHILLIP E
200 PHOSPHATE BLVD.
MULBERRY FL 33860

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	OSMAN, CHRIS
STREET ADDRESS	420 E. HIBISCUS DR., UNIT 1
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input type="checkbox"/> Delete
NAME	ENGLUND, CHAD
STREET ADDRESS	420 E. HIBISCUS DR., UNIT 1
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMAN
STREET ADDRESS	420 E. HIBISCUS DR., UNIT 1
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Chris Osman AS Pres (gen) Date: 3-1-01 Daytime Phone #: 863-559-6040

CR2E034 (10/00)