

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90055 013 ***155.00

DOCUMENT # P01000038566
1. Entity Name
Titan Logistics, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14535 Bruce B Downs Blvd Suite, Apt. #, etc. #1714 City & State Tampa Zip FL Country USA		3. Mailing Address 14535 Bruce B Downs Blvd Suite, Apt. #, etc. #1714 City & State Tampa Zip FL Country USA	
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80001914

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4. FEI Number 59-3715314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: Anthony Profenno
Street Address (P.O. Box Number is Not Acceptable)
14535 Bruce B Downs Blvd #1714
City: Tampa FL Zip Code: 33613

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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/T/S/D Anthony Profenno 14535 Bruce B Downs Blvd #1714 Tampa, FL 33613	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **01/02/01** **813-977-7455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

CR2E034B (12/01)