

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90328 028 ***150.00

DOCUMENT # P01000038566

1. Entity Name
TITAN LOGISTICS, INC.



Principal Place of Business
14535 BRUCE B DOWNS BLVD #1714
TAMPA FL 33613

Mailing Address
14535 BRUCE B DOWNS BLVD #1714
TAMPA FL 33613

2. Principal Place of Business
11638 OSSIE MURPHY RD
Suite, Apt. #, etc.

3. Mailing Address
11638 OSSIE MURPHY RD
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
SAN ANTONIO FL
Zip
33576
Country
PASCO

City & State
SAN ANTONIO FL
Zip
33576
Country
PASCO

4. FEI Number
59-3715314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PROFENNO, ANTHONY
14535 BRUCE B DOWNS BLVD #1714
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name
Anthony PROFENNO
Street Address (P.O. Box Number is Not Acceptable)
11638 OSSIE MURPHY RD
City
SAN ANTONIO FL
Zip Code
33576

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
PROFENNO, ANTHONY
14535 BRUCE B DOWAS BLVD STE 1709
TAMPA FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
ANTHONY PROFENNO
11638 OSSIE MURPHY RD
SAN ANTONIO FL 33576

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

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

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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

TITLE
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CITY-ST-ZIP
☐ **Change** ☐ **Addition**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Profenno **1/22/03** **352-5883023**

Date

Daytime Phone #

CR2E034 (10/02)