


**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.

**City & State**  
SAN ANTONIO FL

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SAN ANTONIO FL

**Zip** 33576 **Country** PASCO

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**4. FEI Number** 59-3715314  Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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]* ANTHONY PROFENNO 1/22/03  
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 Trust Fund Contribution.**  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	PROFENNO, ANTHONY	
STREET ADDRESS	14535 BRUCE B DOWAS BLVD STE 1709	
CITY-ST-ZIP	TAMPA FL 33619	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY PROFENNO	
STREET ADDRESS	11638 OSSIE MURPHY RD	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
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		

**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]* ANTHONY PROFENNO 1/22/03 352-5883023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)