## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2002 8:00 am Secretary of State **DOCUMENT #** P01000062194 04-29-2002 90080 006 \*\*\*150.00 1. Entity Name COMMODITIES THAT PROFIT, INC. Principal Place of Business 04041 Mailing Address 211 W. POISETTIA ST 211 W. POISETTIA ST LAKELAND FL 33803-7218 LAKELAND FL 33803-7218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3726827 Not Applicable Zin Country Country 5. Certificate of Status Desired -- -- \$8.75, Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kenneth-Titus-DURLAND, ANN Street Address (P.O. Box Number is Not Acceptable) **4314 BARRET AVE** PALNT CITY FL 33567 POINSBTTIA ST マル City LAKELAND 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. Kenneth Titus, Director (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 % Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550:00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 14, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Diructor ☐ Delete TITLE (9/01) Kinnith Wagne Titur 211 W. Poinsattinst Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS **CR2E034** CITY-ST-ZIP alond, 86, 12803 CITY-ST-ZIP TITLE Sciritary Oranda Ann Titus ☐ Delete TITLE □ Change ■ Addition NAME NAME 211 W. Poinsittiast STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP Kland Fl. Dros CITY-ST-ZIP IIITE ☐ Delete TITLE Change MANAG Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Dafete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED