

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90018 021 ***550.00

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DOCUMENT # P01000076587

1. Entity Name
TITUS SPORTS ACADEMY, INC.



Principal Place of Business
**2147-B RICKARDS RD.
TALLAHASSEE FL 32308**

Mailing Address
**2147-B RICKARDS RD.
TALLAHASSEE FL 32308**



2. Principal Place of Business

163 LEAH MARTIN COURT

Suite, Apt. #, etc.

3. Mailing Address

163 LEAH MARTIN COURT

Suite, Apt. #, etc.

DO NOT CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

4. FEI Number

59-3735618

Applied For

Not Applicable

Zip

32317

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PLETTL, DAVE
2147-B RICKARDS RD.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **DAVE PLETTL**

Street Address (P.O. Box Number is Not Acceptable)

163 LEAH MARTIN COURT

City

TALLAHASSEE

FL

Zip Code

32317

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 **DAVE PLETTL**

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

(NOTE: Registered Agent signature required when reinstating)

8/10/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete
NAME **D**
STREET ADDRESS **PLETTL, DAVE**
CITY-ST-ZIP **2147-B RICKARDS RD.
TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FAUROT, ADAM**
CITY-ST-ZIP **253 HAYDEN RD., #147
TALLAHASSEE FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **163 LEAH MARTIN COURT**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☒ Change ☐ Addition
NAME **CEO**
STREET ADDRESS **1361 ISLEWILD ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/03

Date

(850) 591.2311

Daytime Phone #

CR2E034 (4/03)