

**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.

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** DATE **8/10/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLETTL, DAVE 2147-B RICKARDS RD. TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 163 LEAH MARTIN COURT TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUROT, ADAM 253 HAYDEN RD., #147 TALLAHASSEE FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 1361 ISLEWILD ROAD TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** DATE **8/10/03** (850) 591.2311
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (4/03)