

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90009 021 ***150.00

DOCUMENT # ~~PO~~ PO 1000095806

1. Entity Name

TITAN ENTERPRISES INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1503 E. BUSCH BLVD.

3. Mailing Address

1503 E. BUSCH BLVD.

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33612

Country

USA

Zip

33612

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3752957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERT FRENCH

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

4161 42ND AVE. NORTH

CITY ST. PETERSBURG

FL

Zip Code

33714

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERT FRENCH 4161 42ND AVE. NORTH ST. PETERSBURG, FL 33714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, and that I am duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (727) 527-5211

Date

Layday Phone #

CR2E034B (12/01)