

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098006

1. Entity Name
TITUS TECH, INC.

Principal Place of Business
11966 INLAND DRIVE
JACKSONVILLE FL 32246

Mailing Address
P.O. BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country

City & State

4. FEI Number

59-3760989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TITUS, DOUGLAS M
11966 INLAND DRIVE
JACKSONVILLE FL 32246

Name

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

City

FL Zip Code

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)

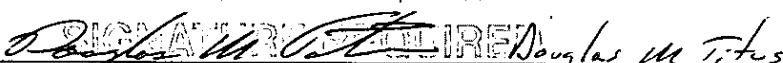
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
NAME	PVST TITUS, DOUGLAS M 11966 INLAND DRIVE JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		STREET ADDRESS	
TITLE	D TITUS, DOUGLAS M 11966 INLAND DRIVE JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	CITY-ST-ZIP
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Douglas M. Titus 4/17/02 904.381.3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

00323277
AV