

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

DOCUMENT # P01000107261

1. Entity Name

TITAN INVESTMENT GROUP II, INCORPORATED

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
308 N ALAFAYA

Suite, Apt. #, etc.

3. Mailing Address
308 N ALAFAYA

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLORIDAZip
32828Country
ORANGECity & State
ORLANDO, FLORIDAZip
32828Country
ORANGE4. (L) Number
80-0022980Applied for
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LE BLANC, GABRIEL, S

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

4801 E COLONIAL DRIVE

City ORLANDO

FL

Zip Code
32803

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



GABRIEL LE BLANC, PRESIDENT

11/4/02

Signature, name of person named as registered agent and office applicable

(NOTE: Registered Agent's signature is not required with addressing)

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

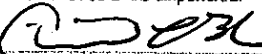
10. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVTS
LE BLANC, GABRIEL S
4801 E COLONIAL DR ORLANDO FL 32803TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OCM
LE BLANC, GABRIEL S
4801 E COLONIAL DR ORLANDO FL 32803TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
9000008902039
11/12/02--01032--001 #481.25TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
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)(b), 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, with all other like empowered.

SIGNATURE:



GABRIEL LE BLANC

11/4/02

407-447-0638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Department/Phone #