2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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03 FEB -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034973

1. Entity Name
TITAN SPECIALTY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1373 SOUND FOREST DR. GULF BREEZE FL 32563	1373 SOUND FOREST DR. GULF BREEZE FL 32563

2. Principal Place of Business	3. Mailing Address
5680 Gulf Breeze Pkwy	5680 Gulf Breeze Pkwy
Suite, Apt. #, etc.: Bldg. D-#9	Suite, Apt. #, etc.: Bldg. O #9
City & State: Gulf Breeze FL	City & State: Gulf Breeze FL
Zip: 32563 Country: USA	Zip: 32563 Country: USA

X ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 020547432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GENKIN, FRED D
1373 SOUND FOREST DR.
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Fred Genkin FRED GENKIN PRESIDENT 1/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 GENKIN, FRED D 1373 SOUND FOREST DR. GULF BREEZE FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12-10-02 01051 005 $61.25 12-10-02 01051 006 $ 8.75 800009437068	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNELL, MARY E 1373 SOUND FOREST DR. GULF BREEZE FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800009437068 02/04/03--01059--015 **80.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHANNON MCNAMEE SECRETARY 2720 SANIBEL PLACE GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Shannon McNamee 2720 Sanibel Pl Gulf Breeze FL 32563	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AC 2/3/03	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 1/28/03 (850) 916-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)