

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90105 046 ***150.00

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DOCUMENT # P93000030119

1. Entity Name
LYNN TITUS, INC.



Principal Place of Business
6540 TRAIL BLVD
NAPLES FL 34108
US

Mailing Address
6540 TRAIL BLVD
NAPLES FL 34108
US



2. Principal Place of Business

6540 TAMiami TRAIL N

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Naples FL

City & State

FL

4. FEI Number 65-0402720

Applied For

Not Applicable

Zip

34108-2742

Country

Collier

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITUS, A. LYNN
4710 WEST BLVD.
NAPLES FL 34103

→ 6540 TRAIL BLVD
Naples FL 34108

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

[Signature]

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 P
NAME KLOSTAD, LYNN T
STREET ADDRESS 4710 WEST BLVD.
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE P
NAME Klostad, Lynn T.
STREET ADDRESS 6540 TRAIL BLVD
CITY-ST-ZIP NAPLES FL 34108 ☒ Change ☐ Addition

TITLE S
NAME TITUS, RICHARD E
STREET ADDRESS 838 ELKAM CIR #306
CITY-ST-ZIP MARCO ISLAND FL 34145 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME KLOSTAD, J. JEFF
STREET ADDRESS 4710 WEST BLVD.
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE Klostad, J. JEFF
NAME
STREET ADDRESS 6540 TRAIL BLVD
CITY-ST-ZIP NAPLES FL 34108 ☒ Change ☐ 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 ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-03 239-593-8812

CR2E034 (10/02)