

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/18/2003-90030-011-\$500.00-\$500.00


03 OCT 13 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0049418 AV

DOCUMENT # P95000095890

1. Entity Name
TITANIC BREWING COMPANY, INC.



Principal Place of Business
5813 PONCE DE LEON BLVD
CORAL GABLES FL 33146
US

Mailing Address
5813 PONCE DE LEON BLVD
CORAL GABLES FL 33146
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



4. FEI Number **65-0645958**

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

RUSK, KEVIN D
2431 TRAPP AVE
MIAMI FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSK, KEVIN D	
STREET ADDRESS	5813 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSK, MICHAEL	
STREET ADDRESS	5813 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> Delete
NAME	SULLIVAN, DR. STEPHEN	
STREET ADDRESS	27350 RIDGE LAKE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	CT	<input type="checkbox"/> Delete
NAME	JERMAN, GARY	
STREET ADDRESS	13948 FLETCHER MILL DR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200023820642
10/20/03--01901--013 **\$50.00

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]* **9/8/03** **305-668-1742**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)

9/10/15