2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

FILED

May 01, 2003 8:00 am Secretary of State P96000005914 DOCUMENT # 05-01-2003 90820 019 ***150.00 1. Entity Name TITAN BUSINESS SERVICES, INC. Principal Place of Business Mailing Address 6277 POWERS AVENUE 6277 POWERS AVENUE JACKSONVILLE FL -32217 JACKSONVILLE FL 32217 118 HS 2. Principal Place of Business 3. Mailing Address 9880-3 SANJOSE BluD. <u>9880-3</u> San Suite, Apt. #, etc Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3358396 Not Applicable ACK SONVIL Country Sountry \$8.75 Additional 5. Certificate of Status Desired ... DUVA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LATSHAW, JOHN H-JR. Box Number is Not Acceptable)

AN JOSE RIUD 3010 SOUTBYTHIRD STREET JACKSONVILLE BEACH FL 32250 8. The above name be titly submits this statement or 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 SIGNATURE FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition CR2E034 (10/02) TITLE ☐ Detete ARNAU, GEORGE NAME NAME 10020 LEISURE LANE NORTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR PRINTED MAINE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #