

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91692 038 ***150.00

DOCUMENT # P96000072491

1. Entity Name
TITAN INTEGRATED CIRCUITS, INC.

Principal Place of Business

5510 RIVER ROAD
SUITE 209
NEW PORT RICHEY FL 34652

Mailing Address

5510 RIVER ROAD
SUITE 209
NEW PORT RICHEY FL 34652

00110413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6016 Sherwin Dr.
 Suite, Apt. #, etc.

3. Mailing Address

6016 Sherwin Dr.
 Suite, Apt. #, etc.

City & State

PORT RICHEY FL

City & State

PORT RICHEY FL

4. FEI Number

59-3482332

Applied For

Not Applicable

Zip

34668

Country

USA

Zip

34668

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKELTON, JOHN G
5510 RIVER ROAD
SUITE 209
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

6016 Sherwin Dr.

City

PORT RICHEY

FL

Zip Code

34668

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

GARY R. HAMMES Vice President 4/28/2002

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
NAME PD
STREET ADDRESS SKELTON, JOHN G
CITY-ST-ZIP 8733 WHISPERING OAKS TRAIL
 NEW PORT RICHEY FL 34654

TITLE ☐ Delete
NAME VD
STREET ADDRESS HAMMES, GARY R
CITY-ST-ZIP 6203 FJORD WAY
 NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME TD
STREET ADDRESS STEVEN GILBOY
CITY-ST-ZIP 75 ROUTE DE MALAGNOL
 GENEVA SWITZERLAND

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

13. 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 11 or Block 12 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

GARY R. HAMMES 4/28/2002 727 877-0820
 Date Daytime Phone #

CR2E034 (9/01)