

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038185

1. Entity Name

ASHWORTH TRANSPORTATION, INC. NAME CHANGED TO:
TITAN BUSINESS SOLUTIONS, INC.

Principal Place of Business

6188 KEY LARGO LANE
BOYTON BEACH FL 33437

Mailing Address

6188 KEY LARGO LANE
BOYTON BEACH FL 33437-2370

2. Principal Place of Business

2301 Powerline Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 304

City & State
Boca Raton FL

City & State

Zip Country
33433 Palm Beach

Zip Country

4. FEI Number 65-0747127

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MASS, CORY B
1801 CLINT MOORE ROAD
SUITE 100
BOCA RATON FL 33487

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 P ☐ Delete
NAME DENTON, ROBERT
STREET ADDRESS 10228 NORTHWEST 63RD DR.
CITY-ST-ZIP PARKLAND FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Denton

5/4/00

Date

(561) 981-8006

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90077 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR20034 (9/00)