

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90175 002 ***150.00

DOCUMENT # P97000062451

1. Entity Name
TITUSVILLE INDUSTRIES, INC.

Principal Place of Business 1311 NORTH US HIGHWAY #1 SUITE 1294 TITUSVILLE FL 32796 US	Mailing Address 1311 NORTH US HIGHWAY #1 SUITE 1294 TITUSVILLE FL 32796 US
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2. Principal Place of Business 1415 Chaffee DR Suite, Apt. #, etc. Suite 102	3. Mailing Address 1415 Chaffee DR. Suite, Apt. #, etc. Suite 102
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City & State Titusville, FL	City & State Titusville, FL
Zip 32780	Country USA

4. FEI Number 59-3462352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**WATSON, EUGENE M
 3539 MUIRFIELD DRIVE
 TITUSVILLE FL 32780**

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 *Eugene M Watson* DATE **04/16/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T LA FORGE, THOMAS P 5319 RIVEREDGE DRIVE TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P WATSON, EUGENE M 3539 MUIRFIELD DRIVE TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eugene M Watson* DATE **04/16/01** 321 385-9991
Signature and typed or printed name of signing officer or director Date Daytime Phone #

1013131

CR2E034 (10/00)