May 16, 2001 8:00 am
Secretary of State
05-16-2001 90390 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051302

1. Entity Name

TITAN HOMES OF SOUTH FLORIDA, INC.

A0068298

Principal Place of Business	Mailing Address
2534 SE 14 ST. POMPANO BEACH, FL 33062	SAME

PLEASE CHANGE TO:

2. Principal Place of Business		3. Mailing Address	
ONE SOUTH OCEAN BLVD.		← SAME	
Suite, Apt. #, etc.: SUITE 4		Suite, Apt. #, etc.	
City & State: BOCA RATON, FL		City & State	
Zip: 33432	Country: USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0847481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD A. PHILLIPS 2534 SE 14 STREET POMPANO BEACH, FL 33062	Name: RICHARD A. PHILLIPS Street Address (P.O. Box Number is Not Acceptable): ONE SOUTH OCEAN BLVD. SUITE 4 City: BOCA RATON, FL Zip Code: 33432

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: RICHARD A. PHILLIPS, PRESIDENT [signature] 4/29/01
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICHARD A PHILLIPS, PRESIDENT 2534 SE 14 STREET POMPANO BEACH FL 33062 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICHARD A. PHILLIPS ONE SOUTH OCEAN BLVD, SUITE 4 BOCA RATON, FL 33432 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4/29/01 561-367-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #