

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008148

1. Entity Name
TITAN CONSTRUCTORS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90064 003 ***150.00

Principal Place of Business
1030 WINDING WATERS CIRCLE
WINTER SPRINGS FL 32708

Mailing Address
1030 WINDING WATERS CIRCLE
WINTER SPRINGS FL 34786-1589

2. Principal Place of Business
318 English Lake Dr.
Suite, Apt. # etc.

3. Mailing Address
318 English Lake Dr.
Suite, Apt. # etc.

City & State
Winter Sprgs FL
Zip Country U.S.

City & State
Winter Sprgs FL
Zip 34787 Country

4. FEI Number
52-2142969
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

WIEGAND, CAROL L
1030 WINDING WATERS CIRCLE
WINTER SPRINGS FL 32708

Name Carol L. Wiegand
Street Address (P.O. Box Number is Not Acceptable)
318 English Lake Drive
City Winter garden, FL Zip Code 34787-5234

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 _____ DATE _____
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. (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 NAME STREET ADDRESS CITY-ST-ZIP	President James Cameron 318 ENGLISH LK. DR. WINTER GARDEN, FLORIDA 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Greg Grabosky 1434 HIDDEN MEADOW WAY APOPKA, FLORIDA 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treas. Carol Wiegand 318 ENGLISH LAKE DR. WINTER GARDEN, FLORIDA 34787	<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
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

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: Carol L. Wiegand 407-4-26-00 352-7503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)