

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90077 041 \*\*\*150.00

**DOCUMENT # P99000039091**  
 1. Entity Name  
**TITAN AEROSPACE CORPORATION**

Principal Place of Business <b>4651 W. EAU GALLIE BLVD. #97          MELBOURNE FL 32934</b>	Mailing Address <b>4651 W. EAU GALLIE BLVD. #97          MELBOURNE FL 32934-7223</b>
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2. Principal Place of Business <b>1509 ALPHA ST. NE</b>	3. Mailing Address <b>1509 ALPHA ST. NE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>PALM BAY, FL.</b>	City & State <b>PALM BAY, FL.</b>



DO NOT WRITE IN THIS SPACE

Zip <b>32907</b>	Country <b>USA</b>	Zip <b>32907</b>	Country <b>USA</b>
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4. FEI Number <b>59-3572124</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNSON, JULIE E**  
**4651 W. EAU GALLIE BLVD. #97**  
**MELBOURNE FL 32934**

7. Name and Address of New Registered Agent  
 Name **KEVIN KILDAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1509 ALPHA ST. NE**  
 City **PALM BAY, FL** Zip Code **32907**

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 **KEVIN KILDAY** *Kevin Kilday* **4/29/00**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>JOHNSON, JULIE E</b> <b>4651 W. EAU GALLIE BLVD. #97</b> <b>MELBOURNE FL 32934</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>KEVIN KILDAY</b> <b>1509 ALPHA ST. NE</b> <b>PALM BAY, FL. 32907</b> <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
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: *Kevin Kilday* **KEVIN KILDAY, PRESIDENT** **4/29/00** **321-722-9422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)