

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039091

1. Entity Name

TITAN AEROSPACE CORPORATION

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

05-16-2000 90077 041 ***150.00

Principal Place of Business

Mailing Address

4651 W. EAU GALLIE BLVD. #97
 MELBOURNE FL 32934

4651 W. EAU GALLIE BLVD. #97
 MELBOURNE FL 32934-7223

2. Principal Place of Business

3. Mailing Address

1509 ALPHA ST. NE

1509 ALPHA ST. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 PALM BAY, FL.

City & State
 PALM BAY, FL.

4. FEI Number

59-3572124

Applied For

Not Applicable

Zip

Country

32907

USA

Zip

Country

32907

USA

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

JOHNSON, JULIE E
 4651 W. EAU GALLIE BLVD. #97
 MELBOURNE FL 32934

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

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

Kevin Kilday

(NOTE: Registered Agent signature required when reinstating)

4/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
 NAME JOHNSON, JULIE E
 STREET ADDRESS 4651 W. EAU GALLIE BLVD. #97
 CITY-ST-ZIP MELBOURNE FL 32934

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PVST
 NAME KEVIN KILDAY
 STREET ADDRESS 1509 ALPHA ST. NE
 CITY-ST-ZIP PALM BAY, FL. 32907

☐ Delete

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ 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, PRESIDENT

4/29/00

321-722-9422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)