2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90248 015 ***150.00

DOCUMENT # P99000039091

1. Entity Name
TITAN AEROSPACE CORPORATION

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1509 ALPHA ST. NE Suite, Apt. #, etc.	1509 ALPHA ST. NE Suite, Apt. #, etc.
City & State: PALM BAY, FL. Zip: 32907 Country: USA	City & State: PALM BAY, FL. Zip: 32907 Country: USA

4. FEI Number: 59-3572124 ☐ 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
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 Kevin Killday 4/28/01
(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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST JOHNSON, JULIE E 4651 W. EAU GALLIE BLVD. #97 MELBOURNE FL 32934	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST KEVIN KILDAY 1509 ALPHA ST. NE PALM BAY, FL. 32907	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

3. 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 Killday KEVIN KILDAY PRESIDENT 4/28/01 321-722-9422