

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90005 022 ***550.00

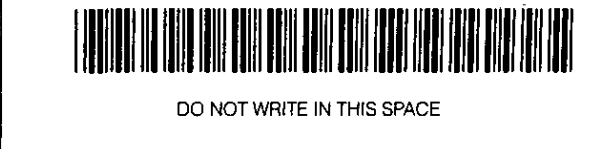
DOCUMENT # P99000071858

1. Entity Name ✓
TITTLE & TITTLE, CHARTERED

Principal Place of Business 91760 OVERSEAS HWY TAVERNIER FL 33070	Mailing Address 91760 OVERSEAS HWY TAVERNIER FL 33070
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2. Principal Place of Business <i>91760 Overseas Hwy</i>	3. Mailing Address <i>PO Box 535</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tavernier FL</i>	City & State <i>Tavernier FL</i>	4. FEI Number <i>65-0947618</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33070</i>	Country	Zip <i>33070</i>	Country



6. Name and Address of Current Registered Agent

TITTLE, CHARLES P
91760 OVERSEAS HWY
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 *Charles P. Tittle* *7/28/00*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D TITTLE, CHARLES P 91760 OVERSEAS HWY TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Carol F. Tittle, Carol</i> <i>91760 Overseas Hwy</i> <i>Tavernier FL 33070</i> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Charles P. Tittle* *7/28/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *305 852 3206*

CR2E034 (5/00)