2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR Jan 10, 2003 8:00 am Secretary of State **DOCUMENT #** P99000109619 1. Entity Name 01-10-2003 90017 018 ***150.00 TITUS, INC. Principal Place of Business Mailing Address 1553 S.E. FT. KING ST. 1553 S.E. FT. KING ST. OCALA Ft. 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3625701 Zip Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name MCBRIDE, SANDY 1553 S.E. FT. KING ST. Street Address (P.O. Box Number is Not Acceptable) . . . OCALA FL 34471 City 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. I am familiar with, and accept SIGNATURE t and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . ☐ Delete TITLE NAME MCBRIDE, SANDY Change ■ Addition NAME STREET ADDRESS 1553 SE FT KING ST STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP **VPS** ☐ Delete TITLE BOONE, KIRK ☐ Change Addition NAME STREET ADDRESS 1553 SE FT KING ST STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP TIT! F ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. 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 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED O

Date Daytime Phone # CR2E034 (10/02)

FILED