

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000045506
1. Entity Name

TODLEE CORP.

FILED

02 NOV 21 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10991 SAN JOSE BLVD. 3. Mailing Address 10991 SAN JOSE BLVD.

Suite, Apt. #, etc. UNIT 56

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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE, FL. City & State JACKSONVILLE, FL

4. FEI Number 59-3252618 Applied For
Not Applicable

Zip 32223 Country USA

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5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Leigh A. Sussler

Street Address (P.O. Box Number is Not Acceptable)

10450 SPINDRIFT LANE

City JACKSONVILLE, FL Zip Code 32257

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 Leigh A Sussler - Secretary/Treasurer Leigh A Sussler 11/18/02
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>D - VICE PRESIDENT HOPE R. POWELL 9 TINTAGEL WAY REXFORD, NEW YORK 12148</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>500009150385 11/21/02--01064--019 **70.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D - SECRETARY/TREASURER LEIGH A. SUSSLER 10450 SPINDRIFT LANE JACKSONVILLE, FL 32257</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D - PRESIDENT M. TODD SUSSLER 504 ORANOLE ROAD MAITLAND MAITLAND, FL 32751</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Todd Sussler 11/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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