

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90017 016 ***150.00

00282821

DOCUMENT # J49760

1. Entity Name
TODD, INC.

Principal Place of Business
**3570 CONSUMER ST
 STE 6
 RIVIERA BEACH FL 33404
 US**

Mailing Address
**3570 CONSUMER ST
 STE 6
 RIVIERA BEACH FL 33404
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2770270**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOESBURG, TODD H
 3640 N OCEAN DR APT PH-D
 SINGER ISLAND FL 33404**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	CPD	<input type="checkbox"/> Delete
NAME	DOESBURG, TODD H	
STREET ADDRESS	3640 N OCEAN DR PH-D	
CITY-ST-ZIP	SINGER ISLD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUZ, SUE L	
STREET ADDRESS	3640 N OCEAN DR PHD	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEUMANN, JANET	
STREET ADDRESS	1090 FAIRVIEW LANE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUSSO, JOSEPH	
STREET ADDRESS	5588 EAGLE LAKE DR	
CITY-ST-ZIP	PALM BEACH FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCUTCHEON, MARY	
STREET ADDRESS	11905 DONLIN DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, Joseph	
STREET ADDRESS	266 SUSSEX DR.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Neumann **JANET NEUMANN** 4-05-01 561-844-8882
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)