

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 042 ***150.00

DOCUMENT # **L 45061**

1. Entity Name

**TODD SOFTWARE AND CONSULTING
SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 NE 9TH ST. UNIT 20

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

4. FEI Number

65-0171237

Applied For

Not Applicable

Zip

33304

Country

**BLAUM CO.
U.S.A.**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONNA L. TODD

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

1401 NE 9TH STREET, UNIT 20

City

FORT LAUDERDALE

FL

Zip Code

33304

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 the obligations of registered agent.

SIGNATURE

Donna L. Todd, PRESIDENT

3-27-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT / SECRETARY**
NAME **DONNA L. TODD**
STREET ADDRESS **1401 NE 9TH ST. UNIT 20**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Donna L. Todd

3-27-03 (954) 525-3356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)