

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91190 030 ***150.00

DOCUMENT # P0000007441

1. Entity Name John Todd, Inc.

DBA Storm Barrier Shutters

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2166 33rd Ave.

Suite, Apt. #, etc.

3. Mailing Address

2166 33rd Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-3668981

Applied For

☒ Not Applicable

Zip

32960

Country

U.S.A.

Zip

32960

Country

U.S.A.

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

Mark Richardson

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

2166 33rd Ave

City

Vero Beach, FL

FL

Zip Code

32960

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

Mark Richardson President

4-10-02

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 President
NAME MARK RICHARDSON
STREET ADDRESS 2166 33rd Ave
CITY-ST-ZIP Vero Beach, FL 32960

TITLE Treasurer
NAME John Todd
STREET ADDRESS 2401 20th Ave.
CITY-ST-ZIP Vero Beach, FL 32960

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mark Richardson

4-10-02

561-569-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)