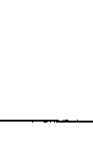
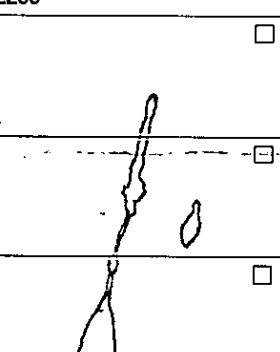
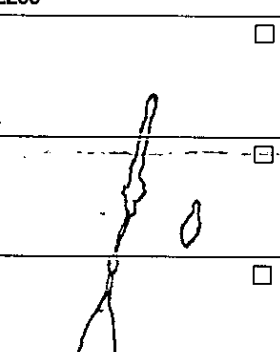
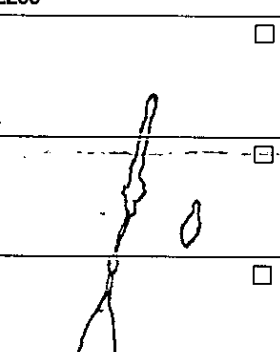
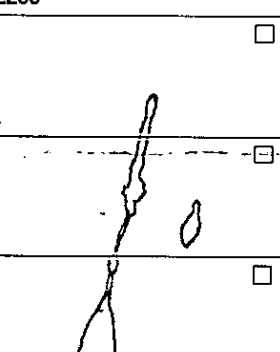
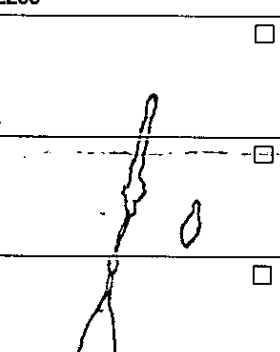


FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90152 004 ***150.00

DOCUMENT #		P01000002031			
1. Entity Name C. TODD, INC.					
Principal Place of Business P.O. BOX 12288 NAPLES FL 34101-2288		Mailing Address P.O. BOX 12288 NAPLES FL 34101-2288			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
Zip		Country			
6. Name and Address of Current Registered Agent					
KAZITORIS, BASIL P 2272 AIRPORT ROAD, SO. #203 NAPLES FL 34112				Name	
				Street Address ()	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	TODD, C				
STREET ADDRESS	P.O. BOX 12288				
CITY-ST-ZIP	NAPLES FL 34101-2288				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME	<input type="checkbox"/> Delete				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS	<input type="checkbox"/> Delete				
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					

☐ CHECK HERE IF MAKING CHANGES

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: _____

CR2E034 (10/02)