## **FILED**

Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90140 037 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # 1. Entity Name

TODD R. BALL, P.A.

P01000014752

Principal Place of Business Mailing Address 406 NORTH 46TH AVENUE 406 NORTH 46TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2.

20028314



2. Principal Place of Business		3. Mailing Address			T TOBATODA HIL BRIDA FARAL BRIDA OCTAR ODLAN OLDAN	NION PRODUCTION
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-1095994	Applied For Not Applicable
Zip	Country	Zip	Country			3.75 Additional e Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BALL, TODD R 3711 N. LONGFELLOW CIRCLE HOLLYWOOD FL 33021			Name Street Address (P.O. Box Number is Not Acceptable)			
	·			City	FL	Zip Code
the obligations	ned entity submits this statement of registered agent. , , ature, typed or printed name of registered ag				stered agent, or both, in the State of Florida. † am fam	iliar with, and accept
After Ma	NOW!!! FEE IS \$150.00 ny 1, 2003 Fee will be \$550.0 yable to Florida Department			:	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BALL, TODD R NAME 3711 N. LONGFELLOW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowe

SIGNATURE: