

05/01/02 WED 13:58 FAX 954 753 8113

PCS

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-27-2002 90397 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Filing Name: *Todd Anthony, Inc.*

PO1000034764 ✓

DO NOT WRITE IN THIS SPACE

93340

DO NOT WRITE IN THIS SPACE

4. Principal Office of Corporation
7432 Wiles Rd
State: *FL*

5. Mailing Address
7432 Wiles Rd
State: *FL*

City & State
Coral Springs FL
Zip
33067
Country
USA

City & State
Coral Springs, FL
Zip
33067
Country
USA

6. FEI Number
05-1090963
Applied For
 Not Applicable

8. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: *Frank Blohm*
Street Address (if different from corporation): *5875 NW 75th Way*
City: *Coral Springs, FL* Zip Code: *33067*

9. The filer certifies that he/she/it has read and understands the contents of this statement and agrees to file it for the purposes of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Frank Th. Blohm*

6/13/02

10. 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

11. Election Campaign Financing Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>PRESIDENT</i>	<i>Todd Bilings</i>	<i>15 Eden Lane</i>	<i>Hanover, NJ 07981</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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)(b), 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 of on an attached list with an address, with all other like information.

SIGNATURE: *Todd Bilings*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

954-288-9343

CR2E034B (12/01)