

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90246 038 ***150.00

DOCUMENT # P94000026458

1. Entity Name

THOMAS E. TODD, P.A.

Principal Place of Business

7617 LITTLE ROAD
 NEW PORT RICHEY FL 34654-5825
 US

Mailing Address

7617 LITTLE ROAD
 NEW PORT RICHEY FL 34654-5525
 US

2. Principal Place of Business

8406 MASSACHUSETTS AVE.

Suite, Apt. #, etc.

STE A-1

City & State

NEW PORT RICHEY, FL

Zip

34653

Country

USA

3. Mailing Address

8406 MASSACHUSETTS AVE

Suite, Apt. #, etc.

STE A-1

City & State

NEW PORT RICHEY, FL

Zip

34653

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3238340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TODD, P.A. T.

7617 LITTLE ROAD

NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

THOMAS TODD

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

8406 MASSACHUSETTS AVE STE A-1

City

NEW PORT RICHEY

FL

Zip Code

34653

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

Thomas Todd THOMAS TODD

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 - (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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 DPST
 NAME TODD, THOMAS E
 STREET ADDRESS 7617 LITTLE ROAD
 CITY-ST-ZIP NEW PORT RICHEY FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Todd THOMAS E. TODD

Date

4/26/02

Daytime Phone #

(727) 841-6797

CR2E034 (9/01)