

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004513

1. Entity Name

TODD SERVICES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90079 043 ***150.00

Principal Place of Business

Mailing Address

1812 NW 36TH COURT
POMPANO BEACH FL 33309

1812 NW 36TH COURT
POMPANO BEACH FL 33309-5816

2. Principal Place of Business

4500 N Federal Hwy
Suite, Apt. #, etc.
314-B

3. Mailing Address

4500 N Federal Hwy
Suite, Apt. #, etc.
314-B

City & State

Lighthouse Point, FL
Zip
33064
Country
Broward

City & State

Lighthouse Point, FL
Zip
33064
Country
Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0548348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TODD, DIANE
1812 NW 36TH COURT
POMPANO BEACH FL 33309

7. Name and Address of New Registered Agent

Name: Diane Todd
Street Address (P.O. Box Number is Not Acceptable): 4500 N Federal Hwy #314-B
City: Lighthouse Point, FL Zip Code: 33064

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

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

(NOTE: Registered Agent signature required when reinstating)

05/01/00
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, 2000 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: P
NAME: TODD, DIANE
STREET ADDRESS: 921 N.E. 23RD STREET
CITY-ST-ZIP: POMPANO BEACH FL 33084
☐ Delete

TITLE:
NAME:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: Todd, Diane
STREET ADDRESS: 4500 N Federal Hwy #314-B
CITY-ST-ZIP: Lighthouse Point, FL 33064
☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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☐ Change ☐ Addition

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:

Diane Todd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/01/00

Daytime Phone #

954-942-1203

CR2E034 (9/99)