

**03 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**Amended**

FILED

03 MAY 16 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000006320**

1. Entity Name

**Sports Development Corp**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3650 SW 10th St**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Deerfield Bch, FL**

City & State

4. FEI Number

**65-0728883**

Applied For

Not Applicable

Zip

**33442**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Robert Todoroff**

Street Address (P.O. Box Number is Not Acceptable) **3650 SW 10th St**

City **Deerfield Bch**

FL

Zip Code **33442**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Robert Todoroff**

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

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PP**  
NAME **Robert Todoroff**  
STREET ADDRESS **3650 SW 10th St**  
CITY-ST-ZIP **Deerfield Bch, FL 33442**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert Todoroff**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/5/22