

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

DOCUMENT # **98000000872**

1. Entity Name

TODD JAMES, INC.

FILED

02 JUN 13 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1470 N. Dixie Hwy

3. Mailing Address

380 SE 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Pompano Beach, FL 33060

Zip

33304

Country

Broward

Zip

33060

Country

Broward

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard W. Wasserman, Esq.

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

7230 Miami Lakeway S.

City

Miami Lakes

FL

Zip Code  
33014

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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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. 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**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE President  
NAME Todd Stolf  
STREET ADDRESS 380 SE Third Street  
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700005970817--5**  
**-06/25/02--01038--014**  
**\*\*\*\*150.00 \*\*\*\*150.00**

TITLE Vice-President  
NAME James A. Tracy  
STREET ADDRESS 380 SE Third Street  
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE  
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**AR only - 150**

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

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)