

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S66888**

1. Entity Name

PHILLIP TODD ENTERPRISES, INC.

Principal Place of Business

11350 METRO PARKWAY
SUITE ~~108~~ 106
FORT MYERS FL 33912
US

Mailing Address

11350 METRO PARKWAY
SUITE ~~108~~ 106
FORT MYERS FL 33912
US

2. Principal Place of Business

11350 METRO PARKWAY
Suite, Apt. #, etc.
106

3. Mailing Address

11350 METRO PARKWAY
Suite, Apt. #, etc.
106

City & State

FT MYERS, FL

City & State

FT MYERS, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

65-0287023

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TODD, PHIL L
7695 EAGLES FLIGHT LANE
FORT MYERS FL 33912

Name

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

City

FL Zip Code

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)

**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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
TODD, PHIL L
7695 EAGLES FLIGHT LN
FT. MYERS FL

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
TODD, KAREN S
7695 EAGLES FLIGHT LANE
FT MYERS FL

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 line empowered.

SIGNATURE:

PHILLIP TODD
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-02 941-278-5115

Date

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE

2002
05-06-2002

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90280 047 ***150.00