

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90115 004 ***150.00

0011502

DOCUMENT # J92529

1. Entity Name
LDP, INC.

Principal Place of Business
**1 INDEPENDENT DRIVE
 SUITE 1600
 JACKSONVILLE FL 32202-5009
 US**

Mailing Address
**1 INDEPENDENT DR
 SUITE 1600
 JACKSONVILLE FL 32202-5009
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2930320**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIELDS, DAVID R
 1 INDEPENDENT DR
 SUITE 1600
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name *Shields, David R.*
 Street Address (P.O. Box Number is Not Acceptable) *1 INDEPENDENT DR.*
Suite 1600
 City *Jacksonville* FL Zip Code *32202*

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, 2001 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	<input type="checkbox"/> Delete
DC	LOVETT, RADFORD D.	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input type="checkbox"/>
DP	SHIELDS, DAVID R	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input type="checkbox"/>
VT	WILLIAMS, LEWIS D.	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/>
VS	MELLO, JEANNINE	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VT	Shields, DAVID R	1 Independent Dr. Ste 1600	Jacksonville, FL 32202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

David R. Shields 2-26-01

Date

Daytime Phone #

CR2E034 (10/00)