

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90145 037 ***150.00

0022374 AV

DOCUMENT # J92529

1. Entity Name
LDP, INC.



Principal Place of Business
230 PEACHTREE ST., NW, SUITE 1440
ATLANTA GA 30303-1515
US

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



2. Principal Place of Business
1 Independent Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1600

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32202

US

4. FEI Number 59-2930320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME LOVETT, RADFORD D.
STREET ADDRESS 230 PEACHTREE ST., NW, SUITE 1440
CITY-ST-ZIP ATLANTA GA 30303-1515 ☐ Delete

TITLE DC
NAME Lovett, Radford D.
STREET ADDRESS 1 Independent Dr, Suite 1600
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE VT
NAME SHIELDS, DAVID R
STREET ADDRESS 230 PEACHTREE ST., NW, SUITE 1440
CITY-ST-ZIP ATLANTA GA 30303-1515 ☐ Delete

TITLE VT
NAME Shields, David R
STREET ADDRESS 1 Independent Dr, Suite 1600
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE VS
NAME MELLO, JEANNINE
STREET ADDRESS 230 PEACHTREE ST., NW, SUITE 1440
CITY-ST-ZIP ATLANTA GA 30303-1515 ☐ Delete

TITLE VS
NAME mello, Jeannine
STREET ADDRESS 1 Independent Dr, Suite 1600
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE DP
NAME LOVETT, WILLIAM R II
STREET ADDRESS 230 PEACHTREE ST., NW, SUITE 1440
CITY-ST-ZIP ATLANTA GA 30303-1515 ☐ Delete

TITLE DP
NAME Lovett, William R II
STREET ADDRESS 1 Independent Dr, Suite 1600
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannine Mello 1/6/03 904-634-8808
Date Daytime Phone #

CR2E034 (10/02)