

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90149 026 \*\*\*150.00

**DOCUMENT # P93000015437**

1. Entity Name

**LEDBETTER ENTERPRISES, INC.**



Principal Place of Business

~~% ATLAS PEARLMAN & TROP PA~~  
~~700 SE THIRD AVE SUITE 300~~  
~~FT LAUDERDALE FL 33316~~

Mailing Address

2673 NE 37TH DR  
700 SE THIRD AVE SUITE 300  
FT LAUDERDALE FL 33308  
US

2. Principal Place of Business

2673 N.E. 37TH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

4. FEI Number

65-0398734

Applied For

Not Applicable

Zip

33308

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**60013875**



6. Name and Address of Current Registered Agent

~~SOUTH FLORIDA REGISTERED AGENTS INC.~~

~~700 SE THIRD AVE~~

~~SUITE 300~~

~~FT LAUDERDALE FL 33316~~

7. Name and Address of New Registered Agent

Name

DALE LEDBETTER

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

2673 N.E. 37TH DRIVE

City

FORT LAUDERDALE

FL

Zip Code  
33308

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)

FEBRUARY 21, 2003

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEDBETTER, ANDREW D  
CITY-ST-ZIP 2673 NE 37TH DR  
FT LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEDBETTER, MARY C  
CITY-ST-ZIP 2673 NE 37TH DR  
FT LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 21, 2003

Date

Daytime Phone #

(954)

763-1200

CR2E034 (10/02)