

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080260

1. Entity Name

LDBB, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90022 041 ***150.00

Principal Place of Business

Mailing Address

2090-A STATE ROAD 520
COCOA FL 32926
US

P.O. BOX 2092
COCOA FL 32923-2092

2. Principal Place of Business

3500 STATE ROAD 520

3. Mailing Address

Suite, Apt. #, etc.

BLDG B, BAY 4

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

Zip

32926

Country

US

Zip

Country

4. FEI Number 59-3212018

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

BORIE, RICHARD C
745 JAMES CIRCLE N.E.
PALM BAY FL 32905

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, 2000 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 P
NAME BARRETT, LEAH, D
STREET ADDRESS 834 EGRET RD
CITY-ST-ZIP COCOA FL ☐ Delete

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

TITLE C
NAME BORIE, RICHARD C.
STREET ADDRESS 745 JAMES CIRCLE NE
CITY-ST-ZIP PALM BEACH FL ☐ Delete

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

TITLE ST
NAME BARRETT, PATRICK, E
STREET ADDRESS 834 EGRET RD
CITY-ST-ZIP COCOA FL ☐ 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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

Date

321-636-1768

Daytime Phone #

CR2E034 (9/99)