

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080260

1. Entity Name  
LDBB, INC.

Principal Place of Business  
3500 STATE ROAD 570  
BLDG B BAY 4  
COCOA FL 32926  
US

Mailing Address  
P.O. BOX 2092  
COCOA FL 32923-2092

2. Principal Place of Business  
834 Egret Rd  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Cocoa, FL  
Zip  
32926  
Country  
USA

City & State  
City  
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

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

## 7. Name and Address of New Registered Agent

Name BARRETT, PATRICK E  
Street Address (P.O. Box Number is Not Acceptable)  
834 EGRET ROAD  
City COCOA FL Zip Code 32926

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 *Patrick S Barrett* Sec/Treas DATE 10/25/01  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARRETT, LEAH, D	
STREET ADDRESS	834 EGRET RD	
CITY-ST-ZIP	COCOA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	BORIE, RICHARD C.	
STREET ADDRESS	745 JAMES CIRCLE NE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	BARRETT, PATRICK, E	
STREET ADDRESS	834 EGRET RD	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700004690587-6	
STREET ADDRESS	11/21/01-01039-009	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patrick S Barrett* Sec/Treas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/01 321-867-6827  
Date Daytime Phone #

FILED

01 OCT 29 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E034 (5/01)