

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90897 038 ***150.00

0006962 AV

DOCUMENT # P97000073298
 1. Entity Name
LADYBUILDERS, INC.

Principal Place of Business Mailing Address
~~26 LINDA MAR DRIVE~~ **311 SR 16** 405 F STREET
~~SAINT AUGUSTINE FL 32080~~ SAINT AUGUSTINE FL 32080
St. Augustine, FL 32095

2. Principal Place of Business 3. Mailing Address
311 SR 16 **311 SR 16**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Augustine, FL
 Zip Country Zip Country
32095 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3473841** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
GALETTA, JOHN ESQ
1400 A1A SOUTH
SAINT AUGUSTINE FL 32080

7. Name and Address of New Registered Agent
 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 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RATZ-BROUDY, LINDA	
STREET ADDRESS	26 LINDA MAR DRIVE 311 SR 16	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080 St Aug fl 32095	
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		
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		
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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)