

2001-2002
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 PM 4:00

DOCUMENT # **P98000039838**

1. Entity Name

L D CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5873 NW 125 TERR

Suite, Apt. #, etc.

5873 125 TERRACE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

Zip

33076

Country

USA

DO NOT WRITE IN THIS SPACE

FIN

4. FEI Number

65-0833976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARRY D. CHAPMAN

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

5873 NW 125 TERRACE

City

CORAL SPRINGS

FL

Zip Code

33076

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
CHAPMAN, LARRY D.
5873 NW 125 TERRACE
CORAL SPRINGS FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BRUCE, DEBRA K.
5873 NW 125 TERRACE
CORAL SPRINGS FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-04/18/02-01076-004
*****300.00 ***300.00**

AD

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LARRY D. CHAPMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

87602

Date

9543465601

Daytime Phone #

CR2E034B (12/01)