

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90068 010 ***150.00

DOCUMENT # P98000072686

1. Entity Name
L D B ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 701-26 MAYPORT CROSSING BLVD. 701-26 MAYPORT CROSSING BLVD.
 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-4513

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3528610 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRAY, LARRY D
153 7TH AVE SOUTH
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent
 Name **BRAY, LARRY D**
 Street Address (P.O. Box Number is Not Acceptable)
1753 Live Oak Lane
 City **Atlantic Beach** FL Zip Code **32233**

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 *Larry D Bray* **LARRY BRAY** President 2-14-00
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	
TITLE P	<input type="checkbox"/> Delete
NAME BRAY, LARRY D	
STREET ADDRESS 153 7TH AVE SOUTH	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
TITLE V	<input type="checkbox"/> Delete
NAME BRAY, MICHELE	
STREET ADDRESS 153 7TH AVE SOUTH	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Larry D Bray	
STREET ADDRESS 1753 Live Oak Ln	
CITY-ST-ZIP Atlantic Beach FL 32233	
TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Michele Bray	
STREET ADDRESS 1753 Live Oak Ln	
CITY-ST-ZIP Atlantic Beach FL 32233	
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: *Larry D Bray* **LARRY BRAY** 2-14-00 904-249-6752
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)