2002	UNIFORM	Business	REPORT	(UBR
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P98000072686

**DOGUMENT #** 1. Entity Name

L D B ENTERPRISES, INC.

Principal Place of Business

701-26 MAYPORT CROSSING BLVD.

Mailing Address

701-26 MAYPORT CROSSING BLVD.

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	ATLANTIC BE	ACH FL 32233	ATLANTIC BEACH FL 3	32233								
City & State	2. Principal Place of Business		3. Mailing Address	3 Mailing Address						10110 0111 1881		
Second   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
Second   S	City & State		City & State	City & State		<b>4.</b> F	4. FEI Number 50-2529640 Applied			plied For		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Cay  FL  Zip Code  8. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Significant Registered Agent dignesses received with revealable programme and state and	- Zin			Count	trv							
BRAY, LARRY D  1753 LIVE OAK IN  ATLANTIC BEACH FL 32233  City FL Zip Code  City FL Xip Code  City FL Zip Code  City FL Xip Code  City FL Zip Code  City FL	Σίρ			Joann		<u> </u>		<u> </u>	ee Require			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Currer	t Registered Agent			7. N	lame and Address of New Re	gistered A	gent			
ATLANTIC BEACH FL 32233  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 Forida.  SIGNATURE    Digrenus hower or printed name of registered departs agreed to printed when identifying the state of Forida.  SIGNATURE   Digrenus hower or printed name of registered departs agreed to printed when identifying the state of Forida.  SIGNATURE   Digrenus hower or printed name of registered depart signature registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower or printed name of registered depart signature registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower or printed name of registered depart signature registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower or printed name of registered depart signature registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower or printed name of registered depart signature registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower registered agent, or both, in the State of Forida.  SIGNATURE   Digrenus hower	The ideal of the Control of the Cont				Name							
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, hoped or printed name of registered agent and 15th if Applicable.   DNTE Registered Agent signature required when releastance)   DATE	1753 LIVE	OAKIN			Street Address (	P.O. B	ox Number is Not Acceptable)					
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   Signature   Signature, typed or printed name of registered agent and title if applicable.   (NOTE, Registered Agent signature required when retritating)												
SIGNATURE    Signature, hypert or printed name of registered agent and size if applicable. (NOTE Registered Agent signature required when rentatating).   Date					City			FL	Zip Cod	e		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   After May 1, 2002 Fee will be \$55.00   Make Check Payable to Department of State   10. Election Campaign Financing   S5.00 May Be Added to Fees   State Financial   State Financia	8. The above	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.										
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  TITLE  NAM	SIGNATURE .								······ •• · · · · · •			
Tax filing requirement and elects to do so.   After May 1, 2002 Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   \$5.00 May Be Added to Fees		Signature, typed or printed name of registered age	nt and title if applicable. (N	IOTE: Registered	1 Agent signature required	d when rei	instating)	DATE				
TITLE BRAY, LARRY D 1753 LIVE OAK LN ATLANTIC BEACH FL 32233 CITY-ST-ZIP  BRAY, MICHELE 1753 LIVE OAK LN ATLANTIC BEACH FL 32233 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S	Tax filing requirement and elects to do so.  After May 1, 2002		2002 Fee	will be \$550.00	ite							
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13.2   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	CITY-ST-ZIP	Mattheway I am a second	AL ALL COLL	U			(40.07(0)(i) Flating On the city	£	£ . 4 la - 2 )	da ana a sta		

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 frustee 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 withen address, with all other like empowered. of the corporation or the receive changed, or on an attachment

**SIGNATURE:** 

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #