


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90170 019 \*\*\*150.00

**DOCUMENT # P99000011289**

1. Entity Name  
**LDSM, INC.**



Principal Place of Business  
**28463 U.S. HWY 19 NORTH STE. 101-102  
CLEARWATER FL 33761**

Mailing Address  
**28463 U.S. HWY 19 NORTH STE. 101-102  
CLEARWATER FL 33761**

2. Principal Place of Business Drive  
**7822 Francine Drive**

3. Mailing Address Drive  
**7822 Francine Drive**

Suite, Apt. #, etc.

City & State  
**New Port Richey, FL**


City & State  
**New Port Richey, FL**

Zip  
**LDSM, 34653-1100**

Country  
**USA**

Zip  
**34653-1100**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3569388**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, SANDIP**  
**28463 U.S. HWY 19 NORTH STE. 101-102**  
**6800 NORTH DALE MABRY**  
**STE 268**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **Sandip I Patel**

(Street Address (P.O. Box Number is Not Acceptable))  
**3105 West Waters Avenue, Ste 315**

City **Tampa** FL **33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sandip I Patel* DATE: **3/5/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PATEL, SANDIP</b>	<input type="checkbox"/> Delete	TITLE <b>Stewart, LD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>6800 NORTH DALE MABRY</b>		NAME <b>7822 Francine Drive</b>	
STREET ADDRESS <b>STE 268</b>		STREET ADDRESS <b>New Port Richey, FL, 34653</b>	
CITY-ST-ZIP <b>TAMPA FL 33614</b>		CITY-ST-ZIP <b>New Port Richey, FL 34653</b>	
TITLE <b>PATEL, SANDIP</b>	<input type="checkbox"/> Delete	TITLE <b>Stewart, Michael D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>6800 NORTH DALE MABRY</b>		NAME <b>7822 Francine Drive</b>	
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CITY-ST-ZIP <b>TAMPA FL 33614</b>		CITY-ST-ZIP <b>New Port Richey, FL 34653</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandip I Patel* DATE: **4/3/03** DAYTIME PHONE #: **727-849-4040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0489800 AV  
0483300 AV  
1534400 AV  
CR2E034 (10/02)