## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT**



## FILED May 01, 2003 8:00 am

DOCUMENT # P9900051063  1. Entity Name L.D.E. ENTERPRISES, INC.					Secretary 05-01-2003 90826			
Principal Plac 1431 W. RIVE MARGATE FL	,							
2. Principal P 461 C/ Suite, Apt.	r 5t., N.u		CHECK HERE IF MAKIN	VG CHANGES		7		
Port C	harlotte, FL,	Vort Charle	the, Fl.	4.	FEI Number 65-0932411	No	oplied For ot Applicable	-
-3394	6. Name and Address of Current	-33948	UGA		Certificate of Status Desired  Name and Address of New Registered	\$8.75 Add Fee Require		
PASLEY, THOMAS R 1431 W. RIVER DR. MARGATE FL 33063				Name Street Address (P.O. Box Number is Not Acceptable)				
	named entity submits this statement for ions of registered agent.  Thomas A as Ly  Signature, typed or printed name of registered eyent a	Moral	Tale	1	resident 4-			1
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	1
10. TITLE	OFFICERS AND E	DIRECTORS  Delete	11.	AI	DDITIONS/CHANGES TO OFFICERS AN	VD DIRECTORS Change	S IN 11	]
NAME Street address City-St-Zip	PASLEY, THOMAS R 1431 W. RIVER DR. MARGATE FL 33063	bride	NAME STREET ADDRESS CITY-ST-ZIP	467 Port	chamber 6t., N.W. Charlotte, FL. 3394			7007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pasley, Jeanette F 1431 W. River Dr. Margate Fl 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	467 Port	Chamber 9t., N.W. Charlotz, Fl. 339	≠Change	☐ Addition	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* ***	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE  NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not chally for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental poort 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 truetee empowered to execute his eport 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: