

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 035 ***150.00

DOCUMENT # V07921
1. Entity Name L. D. H. SOFTWARE, INC.

DO NOT WRITE IN THIS SPACE

B0062066

2. Principal Place of Business JACKSONVILLE, FL
Suite, Apt. #, etc.

3. Mailing Address 5252 GOLF COURSE DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE, FL
Zip 32211 Country USA

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4. FEI Number 59-3108316
Applied For ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name HARRY A. LANG
Street Address (P.O. Box Number is Not Acceptable) 5252 GOLF COURSE DRIVE
City JACKSONVILLE FL Zip Code 32211

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] DATE 3/31/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>D</u>	TITLE	
NAME	<u>LANG, HARRY A.</u>	NAME	
STREET ADDRESS	<u>5252 GOLF COURSE DR.</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>JACKSONVILLE, FL 32211</u>	CITY - ST - ZIP	
TITLE	<u>S</u>	TITLE	
NAME	<u>LANG, DENISE</u>	NAME	
STREET ADDRESS	<u>P.O. Box 8070</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>JACKSONVILLE, FL 32239-8070</u>	CITY - ST - ZIP	
TITLE	<u>P</u>	TITLE	
NAME	<u>VANCE, ROBERT</u>	NAME	
STREET ADDRESS	<u>P.O. Box 8070</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>JACKSONVILLE, FL 32239-8070</u>	CITY - ST - ZIP	
TITLE	<u>T</u>	TITLE	
NAME	<u>LANG, RUSSELL</u>	NAME	
STREET ADDRESS	<u>P.O. Box 8070</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>JACKSONVILLE, FL 32239-8070</u>	CITY - ST - ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>FORREST, STEVEN L.</u>	NAME	
STREET ADDRESS	<u>10161 BROOKWOOD FOREST BLVD</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>JACKSONVILLE, FL 32225</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Steven L. Forrest DATE MAR. 26, 2002 DAYTIME PHONE # (904) 390-1319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR