

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V55633**

1. Entity Name  
LDJ LEASING CO.

Principal Place of Business  
3301 OAK HAMMOCK CT  
BONITA SPRINGS FL 34134  
US

Mailing Address  
3301 OAK HAMMOCK CT  
BONITA SPRINGS FL 34134  
US

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 **31-1356887**  Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHARP, LLOYD W.  
3301 OAK HAMMOCK CT  
BONITA SPRINGS FL 34134

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 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, 2002 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** NAME  Delete  
NAME SHARP, LLOYD W.  
STREET ADDRESS 3301 OAK HAMMOCK CT  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  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.

*Lloyd W. Sharp, Pres.*

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

04-06-02 941-495-1552

Date

Daytime Phone #

0509899  
AV

CR2E034 (9/01)