

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90071 042 ***150.00

DOCUMENT # P97000015759

1. Entity Name

MY TALKING RESUME, INC.
LOMBARD CAPITAL INC.

Principal Place of Business

138 N SWINTON AVE
 DELRAY BCH FL 33444
 US

Mailing Address

% R J SIMMS
 138 N SWINTON AVE
 DELRAY BCH FL 33444
 US

2. Principal Place of Business

6504 CONTEMPO LANE

Suite, Apt. #, etc.

3. Mailing Address

6504 CONTEMPO LANE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-3438780

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R J SIMMS
6504 CONTEMPO LANE
BOCA RATON FL 33433

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, 2001 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	<input type="checkbox"/> Delete
NAME	HENRICHS, JOHN	
STREET ADDRESS	2233 FLORIDA BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENRICHS, ANITA	
STREET ADDRESS	2233 FLORIDA BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	R J SIMMS	
STREET ADDRESS	6504 CONTEMPO LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Henrichs

April 27 2001

(561) 272-1848

Date

Daytime Phone #

CR2E034 (10/00)

80043909



DO NOT WRITE IN THIS SPACE