

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **502527**

1. Entity Name

**LOMBARDO, SKIPPER & FOLEY, INC.**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90012 042 \*\*\*158.75

0512727 AV

Principal Place of Business

**825 4TH STREET WEST  
BOX 188  
PALMETTO FL 34220-0188  
US**

Mailing Address

**825 4TH STREET WEST  
BOX 188  
PALMETTO FL 34220-0188  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-1669176**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOMBARDO, ROBERT J.  
825 4TH STREET WEST  
PALMETTO FL 34221**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>LOMBARDO, ROBERT J.</b>	
STREET ADDRESS	<b>316 81ST. ST. WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SKIPPER, JAN L.</b>	
STREET ADDRESS	<b>604 19TH ST W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> Delete
NAME	<b>FOLEY, JOHN R</b>	
STREET ADDRESS	<b>2001 RIVERVIEW BLVD.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4460 COCONUT AVE,</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNETH C. KOLARIK</b>	
STREET ADDRESS	<b>816 36th ST W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KIRK A. BRUMMETT</b>	
STREET ADDRESS	<b>4857 ANDREW AVE.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
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:

*Robert J. Lombardo Pres*

*3/6/2002 941 722 4541*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)