

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 650459

1. Entity Name

LOMBARDI'S SEAFOOD, INC.

Principal Place of Business

7491 BROKERAGE DR.
ORLANDO FL 32809

Mailing Address

7491 BROKERAGE DR.
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOMBARDI, ANTHONY
7491 BROKERAGE DR.
ORLANDO FL 32809

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	D	<input type="checkbox"/> Delete
NAME	LOMBARDI, ANTHONY	
STREET ADDRESS	1806 FAIRVIEW SHORE DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOMBARDI, ANGELINA	
STREET ADDRESS	1806 FAIRVIEW SHORE DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOMBARDI, ANTHONY-JR	
STREET ADDRESS	2710 MIDSUMMER DRIVE.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIGGS, SUSAN	
STREET ADDRESS	1571 LASBURY AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOMBARDI, VINCENT	
STREET ADDRESS	5436 BAY LAGOON CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOMBARDO, DEBRA	
STREET ADDRESS	703 SAN ESTABAN AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

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:

ANTHONY LOMBARDI JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 (407)859-1015

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90014 043 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1979411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0067077