

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006773

1. Entity Name

LOMBARDO BUILDING AND DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

6650 HIGHLAND RD #213
WATERFORD MI 48327

6650 HIGHLAND RD #213
WATERFORD MI 48327-1664

2. Principal Place of Business

3. Mailing Address

7164 N. MAIN ST

7164 N. MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLARKSTON MI

City & State

CLARKSTON MI

Zip

48346

Country

USA

Zip

48346

Country

4. FEI Number

38-3213533

Applied For

Not Applicable

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

DROZDOWICZ, JEAN
3730 FIELDSTONE BLVD
#801
NAPLES FL 34109

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPS
LOMBARDO, ANGELITA
6770 COLBY LN
BLOOMFIELD HILLS MI 48301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
LOMBARDO, DAVID
6770 COLBY LN
BLOOMFIELD HILLS MI 48301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90063 001 *****8.75
01-20-2000 90063 002 *****5.00
01-20-2000 90063 003 ***150.00

MAR 15 /



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)