AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 OCT 29 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003097

1. Entity Name

KING LOMBARDI ACQUISITIONS, INC.

DO NOT WRITE IN THIS SPACE

2003 AMENDED

2. Principal Place of Business	3. Mailing Address
2601 E. OAKLAND PARK BLVD.	2601 E. OAKLAND PARK BLVD.
Suite, Apt. #, etc.: SUITE 301	Suite, Apt. #, etc.: SUITE 301
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33306 Country: USA	Zip: 33306 Country: USA

4. FEI Number: 65-0919945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PETER C. KING

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

2601 E. OAKLAND PARK BLVD., SUITE 301

City: FORT LAUDERDALE FL Zip Code: 33306

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBDP JOANN LOMBARDI 2601 E. OAKLAND PARK BLVD., SUITE 301 FORT LAUDERDALE, FL 33306
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO PETER C. KING 2601 E. OAKLAND PARK BLVD., SUITE 301 FORT LAUDERDALE, FL 33306
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JoAnn Lombardi JOANN LOMBARDI, PRES. 5-23-03 954-873-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #