

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90096 046 \*\*\*150.00

**DOCUMENT # G51066**

1. Entity Name  
**LOMBARDO TILE SUPPLY COMPANY**



Principal Place of Business  
**4188 ELECTRIC WAY  
CHARLOTTE HARBOR FL 33980-2126**

Mailing Address  
**4188 ELECTRIC WAY  
CHARLOTTE HARBOR FL 33980-2126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2309208**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOMBARDO, DIANA  
4188 ELECTRIC WAY  
CHARLOTTE HARBOUR FL 33980**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **LOMBARDO, DENNIS**  
STREET ADDRESS **1129 CONOVER STREET**  
CITY-ST-ZIP **PT CHARLOTTE, FL 00000**

TITLE ☒ Change ☐ Addition  
NAME **Dennis Lombardo**  
STREET ADDRESS **3650 Como St.**  
CITY-ST-ZIP **At Charlotte, FL 33948**

TITLE **D** ☐ Delete  
NAME **LOMBARDO, DIANA**  
STREET ADDRESS **1129 CONOVER STREET**  
CITY-ST-ZIP **PT. CHARLOTTE-FL**

TITLE ☒ Change ☐ Addition  
NAME **Diana Lombardo**  
STREET ADDRESS **3650 Como St.**  
CITY-ST-ZIP **At Charlotte, FL 33948**

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED DENNIS LOMBARDO 1/13/03 941-629-2825**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)