

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15593

1. Entity Name

JOE LOMBARDY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90109 001 ***150.00

04-12-2000 90109 002 ***150.00

Principal Place of Business

Mailing Address

% JOSEPH LOMBARDY
224 VIRGINIA AVE
ST CLOUD FL 34769

P.O. BOX 700986
ST CLOUD FL 34770-0986

7353



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

224 Virginia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Cloud FL

4. FEI Number

59-2874384

Applied For

Not Applicable

Zip

Country

Zip

Country

34769

U.S.A.

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

LOMBARDY, JOSEPH
224 VIRGINIA AVE
ST CLOUD FL 34769

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 PD ☐ Delete
NAME LOMBARDY, JOSEPH
STREET ADDRESS 224 VIRGINIA AVE
CITY-ST-ZIP ST CLOUD FL

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

TITLE VS ☐ Delete
NAME LOMBARDY, LORETTA
STREET ADDRESS 224 VIRGINIA AVE
CITY-ST-ZIP ST CLOUD FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Loretta Lombardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 2000
Date

407-892-3677
Daytime Phone #

CR2E034 (9/99)