

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 040 ***150.00

DOCUMENT # M71030

1. Entity Name

LOMAR TRENCHING INC.

R

Principal Place of Business

**5442 MAIN ST
 NEW PORT RICHEY FL 34653
 US**

Mailing Address

**P.O. BOX 96
 NEW PORT RICHEY FL 34656
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2800226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOBIANCO, MARC
 7320 GRAND BLVD
 NEW PORT RICHEY FL 34652**

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

Marc Lobianco

7/7/00

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.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	LOBIANCO, MARC	
STREET ADDRESS	3220 BLUFF BLVD	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	KLIENSCHMIDT, KENT	
STREET ADDRESS	7725 FARMLAWN DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBIANCO MARC	
STREET ADDRESS	7230 GRAND BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
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:

Marc Lobianco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00
 Date

727-846-0545
 Daytime Phone #

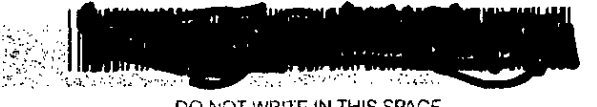
CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M71030
 1. Entity Name
LOMAR TRENCHING INC.

Principal Place of Business Mailing Address
5442 MAIN ST P.O. BOX 96
NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34656-0096
US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2800226** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOBIANCO, MARC
7320 GRAND BLVD
NEW PORT RICHEY FL 34652

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 Marc Lobianco DATE 2/11/00
Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOBIANCO, MARC	
STREET ADDRESS	3220 BLUFF BLVD	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	KLIENSCHMIDT, KENT	
STREET ADDRESS	7725 FARMLAWN DR.	
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBIANCO, MARC	
STREET ADDRESS	7230 GRAND BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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SIGNATURE: Marc Lobianco DATE: 2/11/00 DAYTIME PHONE: 727-8460545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORM 1000 (2000)

103

attachment # M11030
3446 B0102921



DATE		2/15/00	BALANCE BROUGHT FORWARD		7577.91
PAY TO		Mercury Auto Parts	DEPOSITS		
FOR			DEPOSITS		
		TOTAL			
		THIS CHECK	157.06		
		OTHER TRANS +/-			
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE	7422.85		

LET SOURCE OF FUNDS ON BACK OF CHECK OR CALL 1-800-451-1000

DATE		2/15/00	BALANCE BROUGHT FORWARD		
PAY TO		AM South Bank	DEPOSITS		
FOR		941 tax	DEPOSITS		
		TOTAL			
		THIS CHECK	990.66		
		OTHER TRANS +/-			
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE	6432.19		

DATE		2/15/00	BALANCE BROUGHT FORWARD		
PAY TO		Dept of State Renewal	DEPOSITS		
FOR		corp filing	DEPOSITS		
		TOTAL			
		THIS CHECK	150.00		
		OTHER TRANS +/-			
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE	6282.19		

803) attachment # M71030
B0102921

Lomar Trenching, Inc.
P.O. Box 96
New Port Richey, FL 34656
(813)846-0545

Lomar Trenching, Inc.

July 7, 2000

Florida Dept. of State
Division of Corporations

Dear Sirs:

On July 6, 2000, we received a second notice to file our annual corporation report.

Our records show that it was mailed out on February 11, 2000, with a filing fee of \$150.00.

As per my phone conversation on July 7, 2000, with a representative from the Division of Corporations, I called my bank and it was never processed. I then was told to file a second notice form and a copy of my first notice form and check stub, with original filing fee of \$150.00.

I hope this resolves this matter.

Sincerely,



Marc LoBianco