

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 08:00 AM

Secretary of State

DOCUMENT # P00000021233

1. Entity Name  
LOBIANCO TRANSPORTATION, INC.

Principal Place of Business  
241 S.E. 10TH AVE.  
POMPANO BEACH FL 33060

Mailing Address  
241 S.E. 10TH AVE.  
POMPANO BEACH FL 33060

2. Principal Place of Business  
2405 ANTIGUA CIRCLE

3. Mailing Address  
2405 ANTIGUA CIRCLE

Suite, Apt. #, etc.  
J-4

Suite, Apt. #, etc.  
J-4

City & State  
POMPANO BEACH FL

City & State  
POMPANO BEACH FL

Zip  
33066

Zip  
33066

4. FEI Number  
65-0990177

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LOBIANCO VINCENT  
241 S.E. 10TH AVE.  
#11-8  
POMPANO BEACH FL 33060

## 7. Name and Address of New Registered Agent

Name  
LOBIANCO VINCENT

Street Address (P.O. Box Number is Not Acceptable)  
2405 ANTIGUA CIRCLE

#J-4

City  
POMPANO BEACH FL

Zip Code  
33066

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 VINCENT LOBIANCO

01/23/2001

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRES	LOBIANCO VINCENT R	2405 ANTIGUA CIRCLE	POMPANO BEACH FL 33066		

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: VINCENT LOBIANCO

PRES

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)