

8.

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000115019**

1. Entity Name

**LOMBARDO & OLIVER ENTERPRISES, INC.**

Principal Place of Business

**752 PINEBROOK DR. E.  
JACKSONVILLE FL 32220**

Mailing Address

**752 PINEBROOK DR. E.  
JACKSONVILLE FL 32220**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

**U.S.A.**

Zip

Country

**U.S.A.**

6. Name and Address of Current Registered Agent

4. FEI Number

**59-3692468**

Applied For

Not Applicable

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

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

**Mark Lombardo MARK LOMBARDO****8-18-01**

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 \$550.00  
After September 12, 2001, Fee 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOMBARDO, MARK</b>	
STREET ADDRESS	<b>752 PINEBROOK DR. E.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OLIVER, ROBERT SR</b>	
STREET ADDRESS	<b>5308 CORONET DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

**Mark Lombardo MARK LOMBARDO****8-18-01****(904) 781-4018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90001 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment 11864

Dear Sirs

8-18-01

Attachment Doc # 180000115019

Enclosed is my filing fee of \$150.00. After contacting someone in your office, I informed them that I did NOT receive an original notice other wise I would have responded immediately. The individual I spoke to suggested I enclose the \$150.00 with this explanation. If this does NOT suffice, please return my check and I will have to let this Incorporation dissolve for I do NOT have \$550.00 at this time.

Mark Lombardo

PRESIDENT OF :

Lombardo & Oliver Enterprises

752 Pinebrook Drive East

Jacksonville, Florida

32220-1789