

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90159 023 \*\*\*150.00

**DOCUMENT # P93000015704**

1. Entity Name  
**LORNIK ENTERPRISES, INC.**



Principal Place of Business  
**915 NORTH DORAL LANE**  
**VENICE FL 34293**  
**US**

Mailing Address  
**915 NORTH DORAL LANE**  
**VENICE FL 34293**  
**US**



2. Principal Place of Business  
**17339 S.E. 80TH TURNBULL CT.**  
Suite, Apt. #, etc.

3. Mailing Address  
**17339 SE BOTH TURNBULL CT.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**THE VILLAGES, FL.**

City & State  
**THE VILLAGES, FL.**

4. FEI Number **65-0400670**

Applied For  
Not Applicable

Zip **32162** Country **MARION**

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

**6. Name and Address of Current Registered Agent**

**DELUCA, NICHOLAS**  
**915 NORTH DORAL LN**  
**VENICE FL 34293**

**7. Name and Address of New Registered Agent**

Name **DELUCA, NICHOLAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**17339 SE BOTH TURNBULL CT.**  
City **THE VILLAGES, FL** Zip Code **32162**

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 **NICHOLAS DELUCA**

*Nicholas De Luca, Pres.*

**3/31/03**

Signature, typed or printed name of registered agent and title if applicable.

(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**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **DELUCA, LORETTA I**  
CITY-ST-ZIP **915 NORTH DORAL LN**  
**VENICE FL 34293**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **ZIMMERMAN, ROXANNE**  
CITY-ST-ZIP **78 LINCOLN ROAD**  
**SNYDER NY**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **DELUCA, WILLIAM A**  
CITY-ST-ZIP **1500 CLEVELAND DR**  
**CHEEKTOWAGA NY**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **DELUCA, NICHOLAS**  
CITY-ST-ZIP **915 N DORAL LN**  
**VENICE FL 34293**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **DELUCA, LORETTA I**  
CITY-ST-ZIP **17339 SE 80TH TURNBULL CT.**  
**THE VILLAGES, FL. 32162**

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

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

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **DELUCA, NICHOLAS**  
CITY-ST-ZIP **17339 SE 80TH TURNBULL CT.**  
**THE VILLAGES, FL. 32162**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Nicholas De Luca, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03**  
Date

**(352) 751-2978**  
Daytime Phone #

CR2F034 (10/02)