

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000015759**

1. Entity Name

**MY TALKING RESUME, INC.****LOMBARD CAPITAL INC.****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90071 042 \*\*\*150.00

**80043903**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**138 N SWINTON AVE  
DELRAY BCH FL 33444  
US**

Mailing Address

**% R J SIMMS  
138 N SWINTON AVE  
DELRAY BCH FL 33444  
US**

2. Principal Place of Business

**6504 CONTEMPO LANE**

Suite, Apt. #, etc.

3. Mailing Address

**6504 CONTEMPO LANE**

Suite, Apt. #, etc.

City &amp; State

**BOCA RATON, FL**

City &amp; State

**BOCA RATON, FL**4. FEI Number **59-3438780**

Applied For

Not Applicable

Zip

**33433**

Country

**USA**

Zip

**33433**

Country

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

6. Name and Address of Current Registered Agent

**R J SIMMS  
6504 CONTEMPO LANE  
BOCA RATON FL 33433**

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

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
P	HENRICH, JOHN	2233 FLORIDA BLVD	DELRAY BEACH FL 33483	<input type="checkbox"/>
ST	HENRICH, ANITA	2233 FLORIDA BLVD	DELRAY BEACH FL 33483	<input type="checkbox"/>
D	R J SIMMS	6504 CONTEMPO LN	BOCA RATON FL 33433	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Henrich****April 27 2001****(561) 272-1848**

Daytime Phone #

CR2E034 (10/00)