

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90078 034 \*\*\*150.00

DOCUMENT # **P97000082990**

1. Entity Name  
**RICHARD B. LOMBARI, JR., P.A.**



Principal Place of Business  
**ARUIDA REALTY SERVICES**  
**7600 DR PHILLIPS BLVD #146**  
**ORLANDO FL 32819**  
**US**

Mailing Address  
**7600 DR PHILLIPS BLVD #146**  
**ORLANDO FL 32819**  
**US**

*A Premier Class Realty*



2. Principal Place of Business  
*A Premier Class Realty*  
*7682 Dr Phillips Blvd*  
*Suite B*

3. Mailing Address  
*7682 Dr Phillips Blvd*  
*Suite B*

CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO FL**

4. FEI Number **59-3492054** Applied For  
Not Applicable

Zip **32819** Country **USA**

Zip **32819** Country **USA**

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

6. Name and Address of Current Registered Agent  
**HOEPKER, TODD M**  
**250 NORTH ORANGE AVENUE**  
**STE. 1700**  
**ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOMBARI, RICH</b> <b>8707 RANCHO CT</b> <b>ORLANDO FL 32836</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 owner 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: *Richard B Lombari, Jr* **Richard B Lombari, Jr** (407) 352-9678  
Date **1/7/03** Daytime Phone #

CRE034 (10/02)