

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000106143**

1. Entity Name

**FOUR BUDDIES, INC.****FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90170 030 \*\*\*150.00

0111539

Principal Place of Business

Mailing Address

**2345 WILTON DRIVE  
WILTON MANORS FL****9720 PINES BLVD  
PEMBROKE PINES FL 33024**

00040571



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3488996**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOMBARDO, JOHN  
2345 WILTON DRIVE  
WILTON MANORS FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LOMBARDO, JOHN	381 NW 36 STREET	OAKLAND PARK FL 33309	PTS			
S	COSTELLO, JOHN	381 NW 36 STREET	OAKLAND PARK FL 33309				
T	YANUZZI, NICHOLAS	717 WEST LAS OLAS BLVD	FORT LAUDERDALE FL 33301				
VP	HERNDON, RALPH	717 WEST LAS OLAS BLVD	FORT LAUDERDALE FL 33301				

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 another like empowered.

SIGNATURE:

JOHN LOMBARDO

12-12-01

954-563-7752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)