

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
09-17-2001 90008 033 \*\*\*550.00

0024497 4V

**1. Entity Name**  
**PRINCETONIAN DEVELOPMENT, INC.**

Principal Place of Business	Mailing Address
8362 PINES BLVD	8362 PINES BLVD.
SUITE 272	SUITE 272
PEMBROKE PINES FL 33024	PEMBROKE PINES FL 33024
US	US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.Suite, Apt. #, etc.City & StateCity & State \_\_\_\_\_

4. FEI Number **65-0233847**

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

BARNEY LOMBARDI  
7777 PINES BLVD  
SUITE 103  
PEMBROKE PINES FL 33024

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip 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 \$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

<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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TITLE	D	<input type="checkbox"/> Delete
NAME	LOMBARDI, BARNEY	
STREET ADDRESS	7777 PINES BLVD	
CITY - ST - ZIP	PEMBROKE PINES FL	

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

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

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

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

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

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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

CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, 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: Sgt. J. L. PARR (BARNEY LOMBARD) 9/12/01 954-983-4903

CR2E034 (5/01)