

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90591 003 ****50.00

DOCUMENT # L00000002066

1. Entity Name

FIRST TAMPA HICKORY, LLC

Principal Place of Business

**1525 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33603**

Mailing Address

**1525 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3633587

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIBER, SAM I ESQ.
 601 E. TWIGGS ST., STE. 200
 TAMPA FL 33602**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	ARTZIBUSHEV, DIMITRI	1525 W HILLSBOROUGH AVE TAMPA FL 33603	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/02

813/2370529

Date

Daytime Phone #

CR2E083 (9/01)