

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

06-06-2002 90088 002 \*\*\*\*55.00

DOCUMENT # 200000015766

1. Entity Name

THE PINE SHOP, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3105 Bay to Bay Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3105 Bay to Bay Blvd.

Suite, Apt. #, etc.

City & State

Tampa F.I.

City & State

Tampa F.I.

4. FEI Number

59-3686936

Applied For

Not Applicable

Zip

Country

33629

U.S.A.

Zip

Country

33629

USA

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Angela North

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

209 S. Howard Ave

City

Tampa, F.I.

**FL**

Zip Code

33606

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGER</u> <u>RALPH V. MARTINO</u> <u>3105 Bay to Bay Blvd.</u> <u>Tampa F.I. 33629</u>
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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:

Ralph V. Martino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/2/02 8138392076

Date

Daytime Phone #

CR2E083B (12/01)