

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90757 034 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000013545

1. Entity Name  
**BISQUE-ITZ, LLC**

12.12.02



Principal Place of Business  
1250 BEACH DRIVE, N.E.  
ST. PETERSBURG, FL 33701

Mailing Address  
1250 BEACH DRIVE, N.E.  
ST. PETERSBURG, FL 33701

2. Principal Place of Business  
2710 4th St. N.  
Suite, Apt. #, etc.

3. Mailing Address  
2710 4th St. N.  
Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

Zip Country  
33704 USA

Zip Country  
33704 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3738363**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

SADORF, RICK W ESQ.  
696 FIRST AVENUE NORTH, STE. 201  
ST PETERSBURG, FL 33701

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

**MANAGING MEMBERS/MANAGERS**

TITLE MGRM ☒ Delete  
NAME KIRK, DAVID  
STREET ADDRESS 2710 4TH ST N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE MGRM ☒ Delete  
NAME KIRK, BARBARA  
STREET ADDRESS 2710 4TH ST N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE MGRM ☒ Delete  
NAME CHESTEEN, JULIE  
STREET ADDRESS 2710 4TH ST N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10.**

**ADDITIONS/CHANGES**

TITLE MGRM ☐ Change ☒ Addition  
NAME Jones, Kristen  
STREET ADDRESS 125 12th Ave. N. Apt. A  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Barbara M. Kirk

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

Date

Daytime Phone #

4-30-03

CR2E083 (10/02)