

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90025 047 ****50.00

DOCUMENT # L01000014163

1. Entity Name
TASTINGTAMPABAY.COM, LLC



Principal Place of Business

**4267 48TH AVE S
ST PETERSBURG FL 33711**

Mailing Address

**4267 48TH AVE S
ST PETERSBURG FL 33711**

2. Principal Place of Business

~~4267 48TH AVE SOUTH~~
Suite, Apt. #, etc.

3. Mailing Address

~~4267 48TH AVE SOUTH~~
Suite, Apt. #, etc.

City & State

~~ST. PETERSBURG, FL~~

City & State

~~ST. PETERSBURG, FL~~

4. FEI Number **59-3743115**

Applied For

Not Applicable

Zip

~~FL 33711~~ ~~PINELLAS~~

Zip

~~33711~~ ~~PENELAS~~

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEYWARD, THOMAS S III
4267 48TH AVE S
ST PETERSBURG FL 33711**

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 signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HEYWARD, THOMAS S III**
STREET ADDRESS **4267 48TH AVE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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: TS III **WITNESS REQUIRED**

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

2/10/03

Date

(727) 641-8739

Daytime Phone #

CR2E083 (10/02)