

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90087 013 \*\*\*\*50.00

**DOCUMENT # L02000005076**

1. Entity Name  
**TAMPA BAY RESOURCES, LLC**



Principal Place of Business

**2730 CENTRAL AVE.  
ST. PETERSBURG FL 33712**

Mailing Address

**2730 CENTRAL AVE.  
ST. PETERSBURG FL 33712**

2. Principal Place of Business

**2167 5TH AVE. N.**

Suite, Apt. #, etc.

3. Mailing Address

**2167 5TH AVE. N.**

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG, FL**

City & State

**ST. PETERSBURG, FL**

Zip

**33713**

Country

**USA**

Zip

**33713**

Country

**USA**

4. FEI Number

**86-1068395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KNAUST, WARREN J  
2730 CENTRAL AVE.  
ST. PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

Name  
**WARREN J. KNAUST**

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

**2167 5TH AVE. N.**

City **ST. PETERSBURG**

**FL**

Zip Code

**33713**

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 **P, T, MGRM** ☐ Delete  
NAME **LINWOOD BRANNON**  
STREET ADDRESS **P.O. BOX 2872**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **VP, MGRM** ☐ Delete  
NAME **RICHARD BAZINET**  
STREET ADDRESS **36409 CLEAR LAKE DRIVE**  
CITY-ST-ZIP **EUSTIS, FL 32736**

TITLE **VP, MGRM** ☐ Delete  
NAME **WARREN J. PASHLEY**  
STREET ADDRESS **34342 MISSION VALLEY**  
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE **S, MGRM** ☐ Delete  
NAME **WARREN J. KNAUST**  
STREET ADDRESS **2167 5TH AVE. N.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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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: **WARREN J. KNAUST, Secy** 7-16-03 727-327-3273

CR2E083 (10/02)