

CHOICE PICKS, LLC

Principal Place of Business

2. Principal Place of Business

·HILTON: V.D.=--

4029 TAMPA ROAD OLDSMAR FL 34677 ·

the obligations of registered agent.

HEINEMAN, RICHARD H JR

4029 TAMPA ROAD

OLDSMAR FL 34677

Suite, Apt. #, etc.

City & State

SIGNATURE

9.

TILE

NAME

TITLE

MALKÉ STREET ADDRESS

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

4029 TAMPA ROAD

OLDSMAR FL 34677

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

Mailing Address

4029 TAMPA ROAD OLDSMAR FL 34677

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$50.00

Due By May 1, 2003

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

Delete

Delcte

Delete

Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-\$1-7IP

CITY-ST-7IP

CITY-ST-ZIP

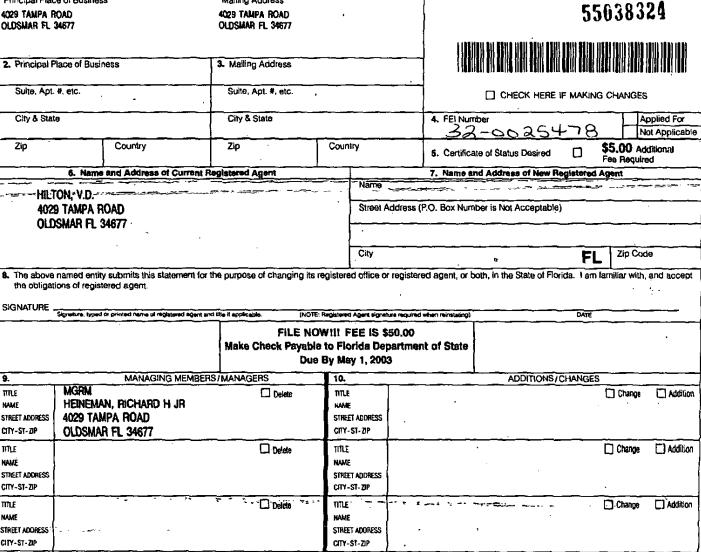
DOCUMENT # L02000018797

6. Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

## May 07, 2003 8:00 am Secretary of State

04-21-2003 90118 015 \*\*\*\*50.00



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

REQUIRED

813-818-9299

CR2E083 (10/02)

Addition

Addition

☐ Addition

Change