

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0072369

DOCUMENT # L02000024257

1. Entity Name

TAMPA BAY SWEETS, LLC



FILED

2003 JAN 13 AM 11:24

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

7240 N. DREAMY DRAW DR. #126  
PHOENIX AZ 85020

Mailing Address

7240 N. DREAMY DRAW DR. #126  
PHOENIX AZ 85020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1846618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA AGENT SERVICES, INC.  
1221 BRICKELL AVE. SUITE 900  
MIAMI FL 33131

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM TICHENOR, RICHARD ☐ Delete  
STREET ADDRESS 7240 N. DREAMY DRAW DR. #126  
CITY-ST-ZIP PHOENIX AZ 85020

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400010052514  
CITY-ST-ZIP 01/13/03--01060--001 ☐ Addition

TITLE NAME MGRM TICHENOR, BARBARA M ☐ Delete  
STREET ADDRESS 7240 N. DREAMY DRAW DR. #126  
CITY-ST-ZIP PHOENIX AZ 85020

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

TITLE NAME MGRM TICHENOR, KEVIN W ☐ Delete  
STREET ADDRESS 5921 TOWN BAY DR. #7-33  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE NAME MGRM ARRIBA INC. ☐ Delete  
STREET ADDRESS 1830 FORBEE AVE.  
CITY-ST-ZIP PITTSBURGH-PA-15219

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 *Richard Tichenor* REQUIRED

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

Date

Daytime Phone #

1-7-03 602-906-1074

CR2E083 (10/02)