

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000352

1. Entity Name
ZICORP CONSTRUCTORS, L.C.

Principal Place of Business
500 1ST STREET, SUITE C
INDIAN ROCKS BEACH FL 33785

Mailing Address
500 1ST STREET, SUITE C
INDIAN ROCKS BEACH FL 33713-5844

2. Principal Place of Business
1363 22nd Street North

Suite, Apt. #, etc.
Suite A

City & State
St. Petersburg, Florida

Zip Country
33713 Pinellas

3. Mailing Address
1363 22nd Street North

Suite, Apt. #, etc.
Suite A

City & State
St. Petersburg, Florida

Zip Country
33713 Pinellas

4. FEI Number 59-3382616

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAREY, MICHAEL R
C/O CARY O'MALLEY WHITAKER & MANSON P.A.
100 S ASHLEY DRIVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Carey, Michael R.
Street Address (P.O. Box Number is Not Acceptable)
C/O Carey, O'Malley, Whitaker & Manson, P.A.
712 South Oregon Avenue
City Tampa FL Zip Code 33606

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.

SIGNATURE  Donald R. Vance, President 04/28/00

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME MORROW, DANIEL J
STREET ADDRESS 500 1ST STREET, SUITE C
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE MGR ☐ Delete
NAME HOLLINGSWORTH, JAMES E
STREET ADDRESS 500 1ST STREET, SUITE C
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE MGRM ☐ Delete
NAME VANCE, DONALD R.
STREET ADDRESS 500 1ST STREET, SUITE C
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003259871--5
-05/13/00--01101--008
*****50.00 *****50.00

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

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

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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:  Donald R. Vance, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

04/28/00

Daytime Phone #

CR2E083 (9/99)