FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9700000352								01 APR 23 PM 2: 40				
1. Entity Name ZICORP CONSTRUCTORS, L.C.								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 1363 22ND STREET NORTH. SUITE A ST. PETERSBURG FL 33713 Mailing Address 1363 22ND STREET NORTH ST. PETERSBURG FL 33713						TE A		į	F 1881/18/7 8/8 /8/71 188	I ADINI BININ BONI BONIN	. 	
2. Principal Place of Business 3. Mailing Address												
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State	e .		City & State				4.	FEI N	umber 59-33	 82616		oplied For
Zip	Zip Country		Zip		Country		5.	Certifi	icate of Status De		\$5.00 Add	ditional
	6 Name	and Address of Current I	Panietered Age			Τ	7 1	Name	and Address of	New Registered		-
	U. Haine	ally Address of Current	registered Age			. Name		1101110	·	Tiogioloida I	"	
CAREY, MICHAEL R C/O CARY O'MALLEY WHITAKER & MANSON P.A.						Street Address (P.O. Box Number is Not Acceptable)						
		IN AVENUE	JN P.A.	7								
TAMPA FL 33606						City				FL	Zip Cod	e
8. The above	named entity	y submits this statement for	the purpose of	changing its re	eaistere	ed office or	registered ag	ent. o	or both, in the State	of Florida.		
SIGNATURE _	Signature, typed	or printed name of registered agent a		FILE NO	W!!!	FEE IS \$			(g)	DATE		
		·	маке	Check Pay	abie t	o Departi	ment of Sta	ite			•	
9.		MANAGING MEMBE		Delete	10.	···			ADDIT	IONS/CHANGES	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORROW, DANIEL J 500 1ST STREET, SUITE C						1363 2	MGR MORROW, DANIEL J 1363 22ND ST. N., SUITE A ST. PETERSBURG FL 33713				☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLING 500 1ST	SWORTH, JAMES E STREET, SUITE C OCKS BEACH FL 3378	. [] Delete			MGR HOLLII 1363	NGSV 22NI	WORTH, JAN D ST.,N., RSBURG FI	ŒS E SUITE A	K Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANCE, I 500 1ST	DONALD R STREET, SUITE C OCKS BEACH FL 3378	<u>.</u>], Delete 🚓			MGRM VANCE 1363	, DO		SUITE A	X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Delete			. ;		00000	04137 5/04/010	Change 510- 11097	U22
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•] Delete					•		☐ Change	☐ Addition
ritle Name	<u> </u>] Delete	TITLE	<u> </u>		•		·	☐ Change	☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

727-322-5847