

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L97000000352**

1. Entity Name

ZICORP CONSTRUCTORS, L.C.

Principal Place of Business

Mailing Address

**1363 22ND STREET NORTH, SUITE A
ST. PETERSBURG FL 33713****1363 22ND STREET NORTH, SUITE A
ST. PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAREY, MICHAEL R
C/O CARY O'MALLEY WHITAKER & MANSON P.A.
742 SOUTH OREGON AVENUE
TAMPA FL 33606**

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 Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR MORROW, DANIEL J 1363 22ND ST. N., SUITE A ST PETERSBURG FL 33713		<input type="checkbox"/> Delete
MGR HOLLINGSWORTH, JAMES E 1363 22ND ST. N., SUITE A ST PETERSBURG FL 33713		<input type="checkbox"/> Delete
MGR VANCE, DONALD R 1363 22ND ST. N., SUITE A ST PETERSBURG FL 33713		<input checked="" type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

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 REQUIRED**

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

Date

Daytime Phone #

**FILED
Aug 18, 2002 8:00 am
Secretary of State**

08-18-2002 90125 044 ****50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3382616**

Applied For

Not Applicable

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

CR2E083 (4/02)