2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900009038

1. Entity Name

SIGNATURE:

STRIKE ZONE - TAMPA, LLC



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90051 028 ****50.00

City & State			
Suite, Apt. #, etc. CHECK HERE IF MAKING CHAN City & State City & State Check Here IF MAKING CHAN City & State Country Zip Country 5. Certificate of Status Desired \$5.00 Fee Rei 6. Name and Address of Current Registered Agent Name BABICH, MICHAEL 4615 BAYSHORE BLVD TAMPA FL 33611 City FL Zip 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar v the obligations of registered agent. SIGNATURE Signature, byted or period name of registered agent agent Name 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 BASHAM, ROBERT D GAMBLESDE DRIVE SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY -ST-2P BELLEAIR FL 33756-1910 Delete TITLE NAME SIRET ADDRESS CITY -ST-2P TAMPA FL 33611 Citar TITLE NAME Delete TITLE NAME SIRET ADDRESS CITY-ST-2P Country 5. Certificate of Status Desired \$5.00 Chan Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES TITLE NAME SIRET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P Citar TAMPA FL 33611 Citar TAM	1 (2) 3 1 (8) (89)		
City & State Country City S. Certificate of Status Desired \$5.00 Fee Ref.			
Zip Country Zip Country 5. Certificate of Status Desired S5.00 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Agent 8. Street Address (P.O. Box Number is Not Acceptable) City FL Zip	CHECK HERE IF MAKING CHANGES		
5. Certificate of Status Desired \$5.00 \$5.	Applied For		
BABICH, MICHAEL 4615 BAYSHORE BLVD TAMPA FL 33611 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 victor obligations of registered agent. SIGNATURE Signature, typed or privide name of registered upon and title if applicable. NAME SIGNATURE Signature, typed or privide name of registered upon and title if applicable. NAME SIGNATURE MGRM MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MAKE STREET ADDRESS GITY-ST-ZIP TAMPA FL 33611 TITLE MAKE SIREET ADDRESS GITY-ST-ZIP TAMPA FL 33611 Delete TITLE MAKE SIREET ADDRESS GITY-ST-ZIP TAMPA FL 33611 Delete TITLE MAKE SIREET ADDRESS GITY-ST-ZIP TAMPA FL 33611 Claim MAKE SIREET ADDRESS GITY-ST-ZIP TITLE MAKE SIRET ADDRESS GITY-ST-ZIP TITLE MAKE SI	Not Applicabled ditional		
BABICH, MICHAEL 4615 BAYSHORE BLVD TAMPA FL 33611 6. 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 vitre obligations of registered agent. SIGNATURE Signature, typed or privated name of registered upent and tie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00	red		
Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33611 City City FL Zip City FL Zip 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 vice obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lite if applicable. (NOTE: Registered Agent alignature required when reinstating) PILE 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 ITILE NAME BASHAM, ROBERT D Delete TITLE NAME ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33756-1910 CITY-ST-ZIP TAMPA FL 33611 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 Chan TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 Chan TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Chan			
TAMPA FL 33611 City FL Zip 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life 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 TITLE NAME BASHAM, ROBERT D BASHAM, ROBERT D 16 AMBLESIDE DRIVE BELLEAIR FL 33756-1910 TITLE MGRM BABICH, MICHAEL MGRM BABICH 33756-1910 TITLE MGRM BABICH, MICHAEL MGRM BABICH, MICHAEL MGRM BABICH, MICHAEL MGRM BABICH ADDRESS CITY-ST-ZIP TAMPA FL 33611 Chan MME STREET ADDRESS CITY-ST-ZIP TITLE MME STREET ADDRESS CITY-ST-ZIP TITLE MME MME STREET ADDRESS CITY-ST-ZIP TITLE MME MME STREET ADDRESS CITY-ST-ZIP TITLE MME Delete TITLE MME MME STREET ADDRESS CITY-ST-ZIP TITLE MME Delete TITLE MME MME STREET ADDRESS CITY-ST-ZIP TITLE Chan MME STREET ADDRESS CITY-ST-ZIP TITLE Chan MME MME TITLE Chan TITLE Chan TITLE Chan TITLE Chan TITLE Chan THE THE THE THE THE THE THE TH	(P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with explications of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar versions of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9.	de		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	and eccept		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE MGRM BASHAM, ROBERT D 16 AMBLESIDE DRIVE STREET ADDRESS 16 AMBLESIDE DRIVE BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL MGRM BABICH, MICHAEL A615 BAYSHORE BLVD TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Chang Cha	" and accept		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE MGRM BASHAM, ROBERT D 16 AMBLESIDE DRIVE STREET ADDRESS 16 AMBLESIDE DRIVE BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL MGRM BABICH, MICHAEL A615 BAYSHORE BLVD TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Chang Cha			
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME BASHAM, ROBERT D 16 AMBLESIDE DRIVE CITY-ST-ZIP BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL MGRM BABICH, MICHAEL BABICH, MICHAEL A615 BAYSHORE BLVD TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO Change TO			
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME BASHAM, ROBERT D 16 AMBLESIDE DRIVE CITY-ST-ZIP BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL MGRM BABICH, MICHAEL BABICH, MICHAEL A615 BAYSHORE BLVD TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO Change TO			
9. MANAGING MEMBERS / MANAGERS TITLE NAME BASHAM, ROBERT D STREET ADDRESS 16 AMBLESIDE DRIVE CITY-ST-ZIP BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE			
9. MANAGING MEMBERS/MANAGERS TITLE NAME BASHAM, ROBERT D STREET ADDRESS CITY-ST-ZIP BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change C			
TITLE NAME BASHAM, ROBERT D STREET ADDRESS CITY-ST-ZIP BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change			
NAME STREET ADDRESS CITY-ST-ZIP BASHAM, ROBERT D 16 AMBLESIDE DRIVE BELLEAIR FL 33756-1910 TITLE NAME BABICH, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Chan Chan Chan Chan Chan Chan Chan Cha			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Chang TITLE Delete TITLE Chang TITLE Delete TITLE Chang TITLE	☐ Addition		
BABICH, MICHAEL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change			
BABICH, MICHAEL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TORAN TAME			
STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE	ge 🗌 Addition		
CITY-ST-ZIP TAMPA FL 33611 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Chang			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Cha			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change			
STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE Change	e Addition		
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Chang			
MAME ☐ Chang			
MANE TO THE TOTAL PARTY OF THE T			
Trans.	☐ Addition		
STREET ADDRESS STREET ADDRESS	•		
CITY-ST-ZIP CITY-ST-ZIP			
INF			
VAME Uelete TITLE Chang	☐ Addition		
STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP CITY-ST-ZIP			
mr.			
AME Delete TITLE Change	☐ Addition		
TRANS			
STREET ADDRESS			
1. 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 indicated on this report, is the and accurrate and that my signature shall have the same legal effect as if made under path; that I am a managing member or managing the same legal effect as if made under path; that I am a managing member or managing the same legal effect as if made under path; that I am a managing member or managing the same legal effect as if made under path; that I am a managing member or managing the same legal effect as if made under path; that I am a managing member or managing the same legal effect as if made under path; that I am a managing member or managing the same legal effect as if made under path; that I am a managing member or mana			