

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24457

1. Entity Name

TAMPA BAY JUNIOR LIGHTNING INC.

Principal Place of Business

P.O. BOX 24632
TAMPA FL 33623-4632

Mailing Address

P.O. BOX 24632
TAMPA FL 33623-4632

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 **59-2846283**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASILEWSKI, RICHARD
13940 ICOT BLVD
RUBIN ICOT CENTER
CLEARWATER FL 34620

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDRICH, DANIEL	
STREET ADDRESS	7272-125 ST N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEACH, GEORGE	
STREET ADDRESS	8140 CANTERBURG CIRCLE N	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALLAS, LINDA	
STREET ADDRESS	8683 MERRIMOOR BLVD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOCKERY, RANGEL	
STREET ADDRESS	13907 SPOONBILL LN	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Page, Gail	
STREET ADDRESS	2532 58th St. S.	
CITY-ST-ZIP	Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Powell, Deborah	
STREET ADDRESS	3933 Presidential Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Corrente	
STREET ADDRESS	4585 Roanoke Way	
CITY-ST-ZIP	Warwick, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Langerfeld, Frances	
STREET ADDRESS	2514 Simms Blvd.	
CITY-ST-ZIP	Tampa, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

Frances M. Langerfeld Frances M. Langerfeld, Secretary (813)222-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90333 050 ****61.25