

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002909**

1. Entity Name

TAMPA STORM, INC.**FILED**
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90088 034 ****70.00

020011



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5912 HAMMOCK WOODS DRIVE
ODESSA FL 33556P.O. BOX 274075
TAMPA FL 33688-4075

2. Principal Place of Business

19212 GARDEN QUILT CIR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

4. FEI Number

59-3151796

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

Country

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIVARD, FRANCIS J
2910 HAMMOCK WOODS DRIVE
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

FAITH H. JANICKI

Street Address (P.O. Box Number is Not Acceptable)

19212 GARDEN QUILT CIR.

City

LUTZ

FL

Zip Code

33549

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

FAITH H. JANICKI

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar. 10, 2000

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

TITLE PD ☐ Delete
NAME DAVIS, CHARLES
STREET ADDRESS 8024 ST. PETER AVENUE
CITY-ST-ZIP TAMPA FL 33614TITLE VPD ☒ Delete
NAME STASELL, KAREN
STREET ADDRESS 16505 CAYMAN DRIVE
CITY-ST-ZIP TAMPA FL 33624TITLE T ☒ Delete
NAME SIVARD, FRANK
STREET ADDRESS 5910 HAMMOCK WOODS DR
CITY-ST-ZIP TAMPA FLTITLE SD ☐ Delete
NAME PROHENZA, ROLAND
STREET ADDRESS 13514 LAKE MAGDALENE DR
CITY-ST-ZIP TAMPA FL 33618TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD ☒ Change ☐ Addition
NAME JOHN HUSKEY
STREET ADDRESS 8413 N. LOIS AVE.
CITY-ST-ZIP TAMPA, FL 33614TITLE T ☒ Change ☐ Addition
NAME FAITH H. JANICKI
STREET ADDRESS 19212 GARDEN QUILT CIR.
CITY-ST-ZIP LUTZ, FL 33549TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

FAITH H. JANICKI (FAITH H. JANICKI) 3-10-2000 (813) 926-3043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #