

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90006 049 \*\*\*\*70.00

**DOCUMENT # N93000002909**

1. Entity Name

**TAMPA STORM, INC.**

Principal Place of Business

19212 GARDEN QUILT CIR  
 LUTZ FL 33549  
 US

Mailing Address

P.O. BOX 274075  
 TAMPA FL 33688-4075

2. Principal Place of Business

**8024 ST. PETER AVE.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

4. FEI Number

**59-3151796**

Applied For

Not Applicable

Zip

**33614**

Country

**US**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JANICKI, FAITH H  
 19212 GARDEN QUILT CIR  
 LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

**CHARLIE DAVIS**

Street Address (P.O. Box Number (Not Applicable))

**8024 ST. PETER AVE.**

City

**TAMPA**

FL

Zip Code

**33614**

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

**CHARLIE DAVIS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-16-01**

**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	<input type="checkbox"/> Delete
NAME	DAVIS, CHARLES	
STREET ADDRESS	8024 ST. PETER AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUSKEY, JOHN	
STREET ADDRESS	8413 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JANICKI, FAITH H	
STREET ADDRESS	19212 GARDEN QUILT CIR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PROHENZA, ROLAND	
STREET ADDRESS	13514 LAKE MAGDALENE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE

DATE

CR2E037 (10/00)