

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001442

1. Entity Name

THE TAMPA STORM KREW INC.

*R*

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90036 001 \*\*\*\*61.25  
 09-14-2000 90036 002 \*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4025 W WATERS AVE  
 #109  
 TAMPA FL 33614-1976

4025 W WATERS AVE  
 #109  
 TAMPA FL 33614-1976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3496811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIMONS, CHARLES E  
 4025 W WATERS AVE  
 #109  
 TAMPA FL 33614-1976

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**  
**After September 13, 2000 min. will be \$236.25**

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  
 NAME LYNN, ALVIN  Delete  
 STREET ADDRESS 7014 WEBB RD  
 CITY-ST-ZIP TAMPA FL 33615

TITLE Mark Ingram (Vice President)  Change  Addition  
 NAME  
 STREET ADDRESS 14033 Clubhouse Circle Apt #3302  
 CITY-ST-ZIP TAMPA, FL. 33624

TITLE DC  
 NAME SIMONS, CHARLIE  Delete  
 STREET ADDRESS 7522 CLEARVIEW DR  
 CITY-ST-ZIP TAMPA FL 33634

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE TTR  
 NAME BLAMEY, MIKE  Delete  
 STREET ADDRESS 11907 CYPRESS  
 CITY-ST-ZIP TAMPA FL 33626

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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: *Mike Blamey* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/2000 (813) 920-2480  
 Date Daytime Phone #

CR2E037 (5/00)