

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003141

1. Entity Name

TAMPA BAY BLADES, INC.

Principal Place of Business

1620 STORINGTON AVENUE
BRANDON FL 33511

Mailing Address

1620 STORINGTON AVENUE
BRANDON FL 33511-1836

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHEEHY, HEIDI R
1620 STORINGTON AVENUE
BRANDON FL 33511

7. Name and Address of New Registered Agent

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

TITLE	D	NAME	MILLER, LISA R	3200 Old Winter Garden Rd. #2037	ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	CAHOON, JOANNE	350 LAKEWOOD DRIVE, #314	BRANDON FL 33510	<input type="checkbox"/> Delete
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	BRYANT, TIFFANY	350 LAKEWOOD DRIVE, #314	BRANDON FL 33510	<input type="checkbox"/> Delete
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	SKIVER, LAUREN	7607 SWOOPE STREET	TAMPA FL 33616	<input type="checkbox"/> Delete
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	HARTSFIELD, AMY	4115 Moreland Dr. Valrico	12001 9TH STREET N., #3311	<input type="checkbox"/> Delete
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	TAYLOR, CATHY J	8500 SUNFLOWER LANE	BAYONET POINT FL 34667	<input type="checkbox"/> Delete
STREET ADDRESS						
CITY-ST-ZIP						

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Heidi R. Sheehy	1620 Storington Ave	Brandon FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	Cheryl Buchs	1620 Storington Ave	Brandon FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	April Wootton	1901 Plantation Key Cr. # 107	Brandon FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D	NAME	Carrie Kosiba	12315 Little Rd	Hudson FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE		NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Heidi R. Sheehy 4/25/00 813-875-1100

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90237 035 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0934272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)