

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90169 047 \*\*\*\*61.25

**DOCUMENT # N99000003141**

1. Entity Name

**TAMPA BAY BLADES, INC.**

Principal Place of Business

Mailing Address

1620 STORINGTON AVENUE  
 BRANDON FL 33511

1620 STORINGTON AVENUE  
 BRANDON FL 33511

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

**65-0934272**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEEHY, HEIDI R**  
**1620 STORINGTON AVENUE**  
**BRANDON FL 33511**

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

*Heidi R. Sheehy*

Heidi R. Sheehy

4/24/01

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 NAME	D MILLER, LISA R	<input type="checkbox"/> Delete
STREET ADDRESS	3200 OLD WINTER GRDN. RD. #2037	
CITY-ST-ZIP	OCOOEE FL 34761	
TITLE NAME	D CAHOON, JOANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	350 LAKEWOOD DRIVE, #314	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE NAME	D BRYANT, TIFFANY	<input type="checkbox"/> Delete
STREET ADDRESS	350 LAKEWOOD DRIVE, #314	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE NAME	D SKIVER, LAUREN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7607 SWOOPE STREET	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE NAME	D HARTSFIELD, AMY	<input type="checkbox"/> Delete
STREET ADDRESS	4115 MORELAND DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE NAME	D TAYLOR, CATHY J	<input type="checkbox"/> Delete
STREET ADDRESS	8500 SUNFLOWER LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5323 Watson Rd	
CITY-ST-ZIP	Riverview FL 33569	
TITLE NAME		<input type="checkbox"/> Change <input 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:

*Heidi R. Sheehy*

Heidi R. Sheehy

4/24/01

813-875-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)