

# 2000 UNIFORM BUSINESS REPORT (UBR)

8

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90032 025 \*\*\*\*61.25

**DOCUMENT # N99000005032**

1. Entity Name

**CEASE FIRE TAMPA, INC.**

Principal Place of Business

3212 W. FOUNTAIN BLVD.  
TAMPA FL 33602

Mailing Address

3212 W. FOUNTAIN BLVD.  
TAMPA FL 33609-4621

2. Principal Place of Business

1405 Swann Ave

Suite, Apt. #, etc.

3. Mailing Address

1405 Swann Ave

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa FL

4. FEI Number

59-3616780

Applied For

Not Applicable

Zip

33606

Country

Zip

33604

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHIMBERG, ROBERT**  
**3212 W. FOUNTAIN BLVD.**  
**TAMPA FL 33602**

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	<input type="checkbox"/> Delete
NAME	SHIMBERG, ROBERT A	
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 3700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRANE, NANCY	
STREET ADDRESS	1405 SWANN AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, CHUCK	
STREET ADDRESS	800 E. KENNEDY BLVD., 3RD FLOOR	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, MIKE	
STREET ADDRESS	800 E. KENNEDY BLVD., STE. 3RD FLOOR	
CITY-ST-ZIP	TAMPA FL 33602	
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:**

*Robert A. Shimberg* Robert A. Shimberg 4161100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)