

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90007 038 ***150.00

DOCUMENT # F00000007180

1. Entity Name

HEALTHTEMPS, INC.

Principal Place of Business

**4975 LACROSS RD. STE 301
 NORTH CHARLESTON SC 29406**

Mailing Address

**4975 LACROSS RD. STE 301
 NORTH CHARLESTON SC 29406**

2. Principal Place of Business

8000 Arlington Expressway

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 2 Ste 120

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32211

US

4. FEI Number **57-1092226**

Applied For

Not Applicable

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

**ROBINSON, ROBERTS
 2671 UNIVERSITY BLVD N APT J103
 JACKSONVILLE FL 32211**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTCD** ☐ Delete
 NAME **DAVIDSON, J. PATRICK**
 STREET ADDRESS **4975 LACROSS RD, STE 301**
 CITY-ST-ZIP **NORTH CHARLESTON SC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete
 NAME **WHITMIRE, RICHARD B**
 STREET ADDRESS **4975 LACROSS RD, STE 301**
 CITY-ST-ZIP **NORTH CHARLESTON SC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

843 554 3112

Daytime Phone #

CR2E034 (10/00)