

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90086 035 \*\*\*150.00

**DOCUMENT # 433758**

1. Entity Name  
**TEMPO HOMES, INC.**

Principal Place of Business  
**2803 E CERVANTES STREE**  
**UNIT A**  
**PENSACOLA FL 32503**  
**US**

Mailing Address  
**P.O. BOX 15673**  
**PENSACOLA FL 32514**  
**US**



2. Principal Place of Business

**1781 Villa Vizcaya Drive P.O. Box 5673**

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Navarre FL**

City & State  
**Navarre FL**

4. FEI Number **59-1573023**

Applied For  
 Not Applicable

Zip **32506** Country **US**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEMON, RANDALL S.**  
**3995 ROMMITCH LANE**  
**PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

Name **Lemon, Randall S.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2643 EDMUND DRIVE**  
 City **GULF BREEZE FL** Zip Code **32563**

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 **Randall S. Lemon** **2-28-02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

TITLE **DP**  
 NAME **LEMON, RANDALL S.**  
 STREET ADDRESS **3995 ROMMITCH LANE**  
 CITY-ST-ZIP **PENSACOLA FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  
 NAME **LEMON, RANDALL S.**  
 STREET ADDRESS **2643 EDMUND DRIVE**  
 CITY-ST-ZIP **GULF BREEZE FL 32563**

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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: **Randall S. Lemon** **2-28-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**850-936-5181**

CR2E034 (9/01)