

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90076 015 \*\*\*150.00

**DOCUMENT # H32131**

1. Entity Name

**FLORIDA-MASTERTEMP, INC.**

Principal Place of Business

Mailing Address

**646-B EYSTER BLVD  
ROCKLEDGE FL 32955-8167  
US****646-B EYSTER BLVD  
ROCKLEDGE FL 32955-8167  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2474845**

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

**FITZ, MARK W.  
1800 OAK DR. NORTH  
ROCKLEDGE FL 32955**

Name

**Kimberly G. FITZ**

Street Address (P.O. Box Number is Not Acceptable)

**1800 OAK DRIVE NORTH**

City

**ROCKLEDGE**

FL

Zip Code

**32955**

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

*Kimberly G. Fitz (Pres)**Kimberly G. Fitz**2/21/01*

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	FITZ, MARK W.	1800 OAK DR. NORTH	ROCKLEDGE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PSD	FITZ, KIMBERLY G.	1800 OAK DRIVE NORTH	ROCKLEDGE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Kimberly G. Fitz (Pres)* *Kimberly G. Fitz*

Date

*2/21/01*

Daytime Phone #

*321-639-3166*

CR2E034 (10/00)