

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67152

1. Entity Name

TEMET INDUSTRIES, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91317 019 ***150.00

Principal Place of Business

Mailing Address

1897 BACOM POINT RD.
P.O. BOX 215
PAHOKEE FL 33476-0215

1897 BACOM POINT RD.
P.O. BOX 215
PAHOKEE FL 33476-0215

2. Principal Place of Business

3. Mailing Address

1897 1/2 Bacom Point Rd
Suite, Apt. #, etc.

PO Box 1
Suite, Apt. #, etc.

City & State

Pahokee FL

Zip Country
33476-0001 Palm Beach

33476-0001 Palm Beach

6. Name and Address of Current Registered Agent

HUGHES, METRA
1897 BACOM POINT RD.
PAHOKEE FL 33476

City & State

Pahokee, FL

Zip Country
33476-0001 Palm Beach

33476-0001 Palm Beach

4. FEI Number

59-2574931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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	PTS	<input type="checkbox"/> Delete
NAME	HUGHES, METRA	
STREET ADDRESS	1897 BACOM POINT RD.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Metra Hughes

Metra Hughes, PRES.

01-23-01

561-924-7330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)