

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42050

1. Entity Name

TEMPO HOMES REALTY INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90014 010 ***550.00

Principal Place of Business

125 S. ALCANIZ
UNIT 1
PENSACOLA FL 32501
US

Mailing Address

P.O. BOX 15673
PENSACOLA FL 32514
US

2. Principal Place of Business

2803 E. CERVANTES ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

"UNITA"

City & State

PENSACOLA FL

City & State

4. FEI Number

59-2917562

Applied For

Not Applicable

Zip

32503

Country

ESCAMBIA

Zip

Country

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPT ☐ Delete
NAME WEBB, SHARON W.
STREET ADDRESS 5896 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-00

Date

8504449442

Daytime Phone #

CR2E034 (\$500)