

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36081

1. Entity Name

TEMPS INTERNATIONAL, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90089 023 ***150.00

Principal Place of Business

Mailing Address

10002 PRINCESS PALM AVE
STE 304
TAMPA FL 33619
US

10002 PRINCESS PALM AVE
STE 304
TAMPA FL 33619-8371
US

2. Principal Place of Business

3829 Coconut Palm Drive

3. Mailing Address

3829 Coconut Palm Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2984344

Applied For

Not Applicable

Zip

33619

Country

Hillsborough

Zip

33619

Country

Hillsborough

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

HARRINGTON, JR T D
10002 PRINCESS PALM AVE
STE 304
TAMPA FL 33619

Name

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

3829 Coconut Palm Drive

City

Tampa

FL

Zip Code

33619

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, 2000 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 S ☐ Delete
NAME ANA B ALFONSO
STREET ADDRESS 10002 PRINCESS PALM AVE STE 304
CITY-ST-ZIP TAMPA FL 33619

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3829 Coconut Palm Drive
CITY-ST-ZIP Tampa, FL 33619

TITLE PDC ☐ Delete
NAME KLINGHOFFER, MEL
STREET ADDRESS 4604 CLARKSDALE LANE
CITY-ST-ZIP BRANDON FL 33511

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

813-620-1461

CR2E034 (9/99)