

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90168 048 ***150.00

DOCUMENT # **L36081**

Entity Name

TEMPS INTERNATIONAL, INC.

Principal Place of Business

**3829 COCONUT PALM DRIVE
 TAMPA FL 33619**

US

Mailing Address

**3829 COCONUT PALM DRIVE
 TAMPA FL 33619**

US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2984344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**3829 COCONUT PALM DRIVE
 TAMPA FL 33619**

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME **S ANA B ALFONSO** ☐ Delete
 STREET ADDRESS **3829 COCONUT PALM DRIVE**
 CITY-ST-ZIP **TAMPA FL 33619**

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

FILE NAME **PDC KLINGHOFFER, MEL** ☐ Delete
 STREET ADDRESS **3829 COCONUT PALM DRIVE**
 CITY-ST-ZIP **TAMPA FL 33619**

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

FILE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: By: **Temps International, Inc.**
Mel Klinghoffer, President

Date

Daytime Phone #

813-620-1661

CR2E034 (9/01)