

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90045 032 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000042420

1. Entity Name
TEMPUS FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address
150 2ND AVE. NORTH, STE. 650 **150 2ND AVE. NORTH, STE. 650**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701**

2. Principal Place of Business 3. Mailing Address
150 2nd Avenue N, Ste 660 Suite, Apt. #, etc.

City & State City & State
St. Petersburg FL **St. Petersburg FL**

Zip Country Zip Country
33701 **USA** **33701** **USA**

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FATHERS, DOUGLAS MR.
150 2ND AVE. NORTH, STE. 650
ST. PETERSBURG FL 33701

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 Douglas Fathers, President *[Signature]* 1/4/01
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	D FATHERS, DOUGLAS G MR. 6250 KIPPS COLONY CT. #103 GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEMARANO, ROBERT 223 S. HILLCREST AVE. CLEARWATER FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FATHERS, GERALD MR. 39 NICOLETT AVE. WINNIPEG MB R2M 4X6 CANADA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Douglas Fathers, President *[Signature]* 1/4/01 727 898 9659
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)