

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90089 011 \*\*\*150.00

**DOCUMENT # P07496**

1. Entity Name  
**TEMPUSTECH, INC.**

Principal Place of Business

**295 AIRPORT ROAD  
 NAPLES FL 34104**

Mailing Address

**295 AIRPORT ROAD  
 NAPLES FL 34104**

642090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **68-0024278**

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

**GREEN, DAVID  
 295 AIRPORT ROAD  
 NAPLES FL 34104**

Name  
**DE LANZE, WIT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8825 EAST TAMiami TRAIL**  
 City  
**NAPLES** FL Zip Code  
**34**

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.

**WIT DE LANZE**

(NOTE: Registered Agent signature required when reinstating)

**02/02/01**

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	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	GREEN, DAVID	295 AIRPORT ROAD	NAPLES FL 34104	<input checked="" type="checkbox"/>	PD	DE LANZE, WIT	8825 EAST TAMiami TRAIL	NAPLES FL 34113	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	BOOM, JORIS	BUTZENWEG 20 CH-6300	ZUG, SWITZERLAND	<input checked="" type="checkbox"/>	VPD	VAN DER LELY, OLAF	BUTZENWEG 20	ZUG, SWITZERLAND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VP	BRASETH, ROBERT	8825 E. TAMiami TRAIL	NAPLES FL	<input checked="" type="checkbox"/>	STB	VAN TEEFFELN, ROBERT	8825 EAST TAMiami TRAIL	NAPLES FL 34113	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

**ROBERT VAN TEEFFELN**

**02/02/01**

**941-774-5333**

Daytime Phone #

CR2E034 (10/00)