

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90362 049 ***150.00

DOCUMENT # P97000067227

1. Entity Name
TEMPMATES, INC.

Principal Place of Business
1751 66TH ST NORTH
SAINT PETERSBURG FL 33710

Mailing Address
1751 66TH ST NORTH
SAINT PETERSBURG FL 33710



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 **74-2848426**

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

WILKINS, MICHELLE
1751 66TH ST NORTH
SAINT PETERSBURG FL 33710

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, MICHELLE 1751 66TH ST NORTH SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Michelle Wilkins* **MICHELLE WILKINS 07/03/02 309/688-1155**

CR2E034 (4/02)

3805 N. Sterling Ave.
Sterling Plaza Center
Peoria, IL 61615
Phone: (309) 688-1155
Fax: (309) 688-9812



303 Landmark Drive
Suite 1-B
Normal, IL 61761
Phone: (309) 452-1970
Fax: (309) 452-2426

Attachments

July 3, 2002

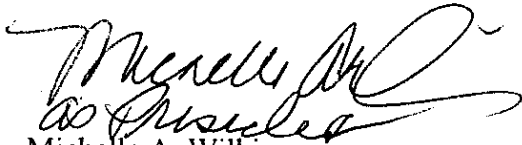
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Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed, please find our 2002 Uniform Business Report. Unfortunately, this was the first form we received, so we are requesting a waiver on the late fee. Enclosed is our check for \$150. If there are any questions regarding this matter, please do not hesitate to contact our office.

Sincerely,


Michelle A. Wilkins
President

THE FLEET
YOU CAN DEPEND ON