

2000 UNIFORM BUSINESS REPORT (UBR)

6/20/00

DOCUMENT # 997000069062

1. Entity Name **Digitemp Systems, Inc.**

FILED

00 JUN 20 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00064901

Principal Place of Business Mailing Address
**2539 OLD OKB6CH0888 ROAD, SUITE 3,
WEST PALM BEACH, FL 33409**

2. Principal Place of Business 3. Mailing Address
2539 OLD OKB6CH0888 ROAD SUITE 3
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 3
City & State City & State
WEST PALM BEACH
Zip Country Zip Country
33409 USA

DO NOT WRITE IN THIS SPACE
6/20/00 90006/018 \$158.75
4. FEI Number 65-0773384
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CHRISTIAN SCHOLIN
505 S. FLAELER DRIVE
WEST PALM BEACH, FL 33401**

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 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 \$650.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT
TOM KUUTTI
2539 OLD OKB6CH0888 ROAD
WEST PALM BEACH, FL 33409
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP/SECRETARY
JORMA OLSSON
2539 OLD OKB6CH0888 ROAD
WEST PALM BEACH, FL 33409
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ 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: **TOM KUUTTI, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00 561-712-1212
Date Daytime Phone #

6/20/00

6/22