

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092530

1. Entity Name
TEMPUS FLORIDA CORP.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90012 041 ***150.00

Principal Place of Business
123 S OLIVE AVENUE
14155 U.S. HWY ONE, SUITE 304
WEST PALM BEACH FL 33401
US

Mailing Address
123 S OLIVE AVENUE
14155 U.S. HWY ONE, SUITE 304
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0790171

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

HICKEY, THOMAS J
123 S OLIVE AVENUE
WEST PALM BEACH FL 33401

Name BRIAN MOORMAN
Street Address (P.O. Box Number is Not Acceptable)
123 S. OLIVE AVENUE
City WEST PALM BEACH FL Zip Code 33401

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01

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 D ☒ Delete
NAME HICKEY, THOMAS J
STREET ADDRESS 123 S OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE PRESIDENT ☐ Change ☒ Addition
NAME MOORMAN, BRIAN
STREET ADDRESS 123 S. OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-01 561 835-8123

CR2E034 (10/00)