## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 16, 2001 8:00 am<sup>5</sup> Secretary of State DOCUMENT # P98000014686 05-16-2001 90212 043 \*\*\*158.75 TEMPUS MARKETING INTERNATIONAL, INC. Principal Place of Business Mailing Address 7380 SAND LAKE RD 7380 SAND LAKE RD **STE 600 STE 600** ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3499363 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change . ☐ Addition FAREWELL, ROGER NAME NAME Farwell, Roger STREET ADDRESS 7380 SAND LAKE RD. STE 600 STREET ADDRESS 7380 Sand Lake Rd, Ste 600 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Orlando, FL 32819 TITLE Delete TITLE Change Addition NAME FARWELL, ROGER NAME STREET ADDRESS 7380 SANDLAKE RD STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 33819 VSTD TITLE ☐ Delete -TITLE ☐ Change ☐ Addition TRIVILLNO, ALFRED C NAME NAME STREET ADDRESS 7380 SAND LAKE RD STE 600 STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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.

497-221-1000

**FILED**