2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023411

SIGNATURE:

TEMPCOM ENTERPRISES, INC.

Mailing Address Principal Place of Business 15911 ELLSWORTH DR. 15911 ELLSWORTH DR. TAMPA FL 33647-1327 TAMPA FL 33647 3. Mailing Address 2. Principal Place of Business Nob F Suite, Apt. #, etc. 11003 Fores Suite, Apt. #, etc. City & State City & State

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90162 008 ***150.00

Applied For



DO NOT WRITE IN THIS SPACE

4. FEI Number

Turner -	L .		1 mm F	17		", ',	59-3565304	No	t Applicable	
Zip Zip		Country	Zip	Country		F (ertificate of Status Desired	59.75 Add	ditional	
1366	\mathcal{F} ,	United States	33915	Unito	1 States	3. C	ertificate of Status Desired	ee Require	d	
	d Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent						
			·	Name Steven D. Jemakia						
COMET, DOUGLAS L					Street Address (P.O. Box Number is Not Acceptable)					
15911 ELLSWORTH DR.										
TAME	PA FL 33647	•		11003		F	rest Hills Dr.			
				City			F	Zip Code	e	
					1000	for -		737	17	
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.										
At D. D. STEVEN D. TEMPLIN 3-22-00										
SIGNATURE AND IX INVIVIO										
Signaturer 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 FILE				E NOW!!! FEE IS \$150.00			10. Election Campaign Financing	6 5 U	May Be	
_	requirement and		After MAY 1, 2000 Fee will be \$550.00		•		Trust Fund Contribution.		to Fees	
(See criter	ria on back)	I	Make Check Paya	ble to Dep	artment of Sta					
11.		OFFICERS AND DIF	RECTORS	12.		ADE	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR		
TITLE	Preside	$\sqrt{1}$ th	Delete	TITLE				☐ Change	☐ Addition	
NAME		Tempkin		NAME						
STREET ADDRESS	11009 £	prest Hills Dr.			ADDRESS					
CITY-ST-ZIP	Tampa	(FI 33612-		CITY-S	T-ZIP					
TITLE	TreAsW	neja,	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	Ronald	(Capair)		NAME						
STREET ADDRESS	1333 H	laven Bend			ADDRESS					
CITY-ST-ZIP	Tampo	2, FT 33613		CITY-S	31-ZIP					
TITLE	Secreta	ال الم	🔲 Delete .	TITLE ,			and the second second	. 🗀 Change	Addition	
NAME	, , , , , , , , ,	s comes		NAME	4000500				Ì	
STREET ADDRESS		lisworth Dr.		CITY-S	ADDRESS					
CITY-ST-ZIP	Jampa	<u>, FT 33647)</u>			11- ZIP			Chan-a	Addition	
TITLE		•	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME PERCET ADDRESS				NAME	ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-S	I					
							·	☐ Change	Addition	
TITLE			☐ Delete	TITLE NAME				□ Change	C Addition	
NAME STREET ADDRESS					ADORESS				1	
CITY-ST-ZIP				CITY-S						
			Delete	TITLE			<u> </u>	☐ Change	Addition	
TITLE NAME			☐ Delete	NAME	1					
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S						
	L	formation cumplied with th	is filing does not qualify for		1	ection 1	19 07(3)(i) Florida Statutes I further	certify that the in	nformation	
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 cath; that I am an officer or director indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.										