

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0033947 AV

DOCUMENT # P99000078992

1. Entity Name
 TEMPOOL INCORPORATED

02-11-2002 90198 049 ***150.00

Principal Place of Business
 10966 INDIES DR S
 JACKSONVILLE FL 32246

Mailing Address
 10966 INDIES DR S
 JACKSONVILLE FL 32246



2. Principal Place of Business
 2354 Cortez Rd
 Suite, Apt. #, etc.

3. Mailing Address
 2354 Cortez Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Jacksonville FL Jacksonville FL

4. FEI Number 59-3611033
 Applied For
 Not Applicable

Zip Country
 32246 USA 32246 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TEMPLE, JONATHAN D
 10966 INDIES DR S
 JACKSONVILLE FL 32246

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P TEMPLE, JONATHAN D 10966 INDIES DR SOUTH JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEMPLE, JONATHAN D 10966 INDIES DR SOUTH JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, address, or Block 1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan D Temple 02-23-02 5575
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)