

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90016 029 \*\*\*150.00

0135084

**DOCUMENT # S37282**

1. Entity Name

TEMP TO PERMANENT, INC

Principal Place of Business

1000 W. MCNAB ROAD  
 SUITE 110  
 POMPANO BEACH FL 33069

Mailing Address

1000 W. MCNAB ROAD  
 SUITE 110  
 POMPANO BEACH FL 33069

2. Principal Place of Business

T.T.P. Inc.

3. Mailing Address

1000 W. McNab Rd.

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

Suite # 110.

City & State

POMPANO BEACH, FL

City & State

POMPANO BCH, FL

Zip

33069

Country

U.S.A

Zip

33069

Country

U.S.A

6. Name and Address of Current Registered Agent

KATHRYN CONSOLI  
 1000 W MCNAB RD  
 POMPANO BEACH FL 33069

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 \$450.00**  
**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

TITLE  
 NAME PT  
 STREET ADDRESS CONSOLI, KATHRYN  
 CITY-ST-ZIP 1407 NE 56 ST 307  
 FT LAUDERDALE FL

☐ Delete

TITLE  
 NAME V  
 STREET ADDRESS CONSOLI, SAM  
 CITY-ST-ZIP 5170 NE 17 TER  
 FT LAUDERDALE FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)