

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057963

1. Entity Name

SCREEN BROTHERS, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90070 004 \*\*\*150.00

Principal Place of Business

771 MACARTHUR BLVD.  
STUART FL 34997

Mailing Address

771 MACARTHUR BLVD.  
STUART FL 34997

2. Principal Place of Business

307 BLOSSOM LANE

3. Mailing Address

307 BLOSSOM LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH SHORES, FL

City & State

PALM BEACH SHORES, FL

4. FEI Number

65-1031948

Applied For

Not Applicable

Zip

33404

Country

PALM BEACH

Zip

33404

Country

PALM BEACH

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

PRINCE, JASON

137 INLET WAY, STE 3

PALM BEACH SHORES FL 33404

Name

JASON PRINCE

Street Address (P.O. Box Number is Not Acceptable)

307 BLOSSOM LANE

City

PALM BEACH SHORES

FL

Zip Code

33404

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, 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JASON PRINCE  
307 BLOSSOM LANE  
PALM BEACH SHORES, FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATTHEW PRINCE  
307 BLOSSOM LANE  
PALM BEACH SHORES, FL 33404

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

JASON PRINCE

3-28-01

561-340-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)