

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90011 045 \*\*\*150.00

**DOCUMENT # P96000005227**

1. Entity Name

**ALOHA SCREEN PRINTING, INC.**

*R*

Principal Place of Business

2635 GULF BREEZE PKWY  
 GULF BREEZE FL 32561

Mailing Address

2635 GULF BREEZE PKWY  
 GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3358075**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBELLO, RODNEY L**  
**2737 GULF BREEZE PARKWAY #9**  
**GULF BREEZE FL 32561**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBELLO, RODNEY L</b>	NAME	
STREET ADDRESS	<b>2635 GULF BREEZE PKWY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBELLO, CHAD K</b>	NAME	
STREET ADDRESS	<b>2635 GULF BREEZE PKWY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/12/00*  
 Date

*850 934 0330*  
 Daytime Phone #

CR2E034 (5/00)

# Aloha Screen Printing

2635 Gulf Breeze Parkway  
Gulf Breeze, FL  
32561

Attachment  
OT# PA600005207  
DW 7/3/06

July 12, 2000

Florida Department Of State  
Division of Corporations  
ATTN: UBR  
PO Box 6327  
Tallahassee, FL  
32314

Dear Sir or Madam:

I have recently received a notification through the mail informing me of the need to renew my company's "Corporation" status. This is an annual occurrence for the company, and I have always made sure to pay promptly upon my receipt of the notification. This year, I am concerned with the declaration on the back of the envelope that states that the notice is actually the SECOND that has been sent to me. The problem is that I never received a first notice in the mail.

Upon seeing the notice, I contacted your department and was informed that there have been many businesses that have had similar problems. I was told to write a letter to the Division of Corporations informing them of this problem and place a check for the original amount of the corporation renewal of \$150 in an envelope. I am doing so, with the hopes that it will fulfill my corporation renewal process. I would like to ask that you accept this payment because there was confusion in the mailing process of the first notice.

Please contact me if there are any questions or concerns at (850) 934-4716.

Sincerely,

Lopaka Robello  
President

