

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010040

1. Entity Name

SCREEN KING, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90025 036 \*\*\*150.00

Principal Place of Business

Mailing Address

833 SIESTA KEY DR  
APT #821  
DEERFIELD BEACH FL 33441

833 SIESTA KEY DR  
APT #821  
DEERFIELD BEACH FL 33441-5357

2. Principal Place of Business

109 SE 7 ST

3. Mailing Address

109 SE 7 ST

Suite, Apt. #, etc.

# 1

Suite, Apt. #, etc.

# 1

City & State

Deerfield Bch FL

City & State

Deerfield Bch FL

Zip

33441

Country

USA

Zip

33441

Country

USA

6. Name and Address of Current Registered Agent

MAYS, CHRISTOPHER  
833 SIESTA KEY DR  
APT #821  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Mays Christopher

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

1200 NW 80th Ave #205

Margate FL

City

Margate

FL

Zip Code

33441

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, 2000 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 ☐ Delete

P  
NAME MAYS, CHRISTOPHER J  
STREET ADDRESS 833 SIESTA KEY DR #821  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)