

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90127 026 \*\*\*150.00

**DOCUMENT # P00000098031**

**1. Entity Name**  
**SCREEN MAINTENANCE SERVICES INC.**



**Principal Place of Business**  
**15951 N. FLORIDA AVENUE**  
**LUTZ FL 33549**

**Mailing Address**  
**P O BOX 17334**  
**TAMPA FL 33682**

(NEW)

**2. Principal Place of Business**

**920 EAST 124TH AVE**

**3. Mailing Address**

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Tampa Florida**

**City & State**

**Tampa Florida**

**Zip**

**33612**

**Country**

**USA**

**Zip**

**33682**

**Country**

**USA**

**4. FEI Number 59-3674777**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**STAFFORD, S L**  
**15951 N. FLORIDA AVENUE**  
**LUTZ FL 33549**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE:**

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-30-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **DPST** ☐ Delete  
**NAME** **DOLL, HENRY P**  
**STREET ADDRESS** **507 SOVEREIGN COURT**  
**CITY-ST-ZIP** **TAMPA FL 33613**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03**

**813-908-8331**

**Date**

**Daytime Phone #**

CR2E034 (10/02)