

# 2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # HY2648

1. Entity Name

Screen Enclosure Services, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 31 PM 5:12

Principal Place of Business

2738 Craig St. Unit 1  
Ft. Myers, FL 33901

Mailing Address

2738 Craig St. Unit 1  
Ft. Myers, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2495459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Mark Hansen  
20150 Corkscrew Rd.  
Estero, FL 33928

Name

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

500004425475--8

City

06/18/01-01128-034  
\*\*\*\*\*61.25 FL \*\*\*\*\*61.25

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 President ☐ Delete  
NAME Mark Hansen  
STREET ADDRESS 20150 Corkscrew Rd.  
CITY-ST-ZIP Estero, FL 33928

TITLE Vice President ☐ Change ☒ Addition  
NAME Charles Morgan  
STREET ADDRESS 935 Hyacinth Dr.  
CITY-ST-ZIP N. Ft. Myers, FL 33903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: Mark Hansen Pres. Mark Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/01 (941) 334-6528

Date

Daytime Phone #

CR2E034 (11/00)