

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87720

Entity Name

SCREENPRINT SERVICES, INC.

FILED

May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90140 046 \*\*\*150.00

Principal Place of Business N. KILLIAN DRIVE PARK FL 33403	Mailing Address 1362 N. KILLIAN DRIVE S4 LAKE PARK FL 33403-1904 US
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Principal Place of Business 1362 N. KILLIAN DRIVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2667392	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

WARD, PATRICK T.  
1322 S. KILLIAN DR.  
LAKE PARK FL 33403

## 7. Name and Address of New Registered Agent

Name WARD, PATRICK T.
Street Address (P.O. Box Number is Not Acceptable) 10409 Trailwood Circle
City Jupiter FL Zip Code 33478

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5. 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**

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VP WARD, DIANA 10409 TRAILWOOD CIRCLE JUPITER FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P WARD, PATRICK T 10409 TRAILWOOD CIR. JUPITER FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DIANA WARD

4-13-00

561-842-4076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)