## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## J42046 **DOCUMENT #**

1. Entity Name

**SIGNATURE:** 

A & P SILK SCREENING, INC.



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90642 048 \*\*\*150.00

rincipal Place of Busir 190 S.W. 83RD TERRAC AVIE FL 33328		Mailing Address 4790 S.W. 83RD TERRACE DAVIE FL 33328								
Principal Place of Bu	usiness	3. Mailing Address								
Suite, Apt. #, etc.	<i>j.</i>	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	4. FEI Number 59-2746060 Applied For Not Applicab				
"Zip	p Country		Country	ý 				\$8.75 Additional Fee Required		
6. Na	me and Address of Current Re	gistered Agent			7.	Name and Address of New Re	gistered A	gent		
AMBROSINO, MARIE				Name						
4790 S.W. 83RD TE			Street Address			(P.O. Box Number is Not Acceptable)				
DAVIE FL 33328										
			<u> </u>	City			FL	Zip Cod	de	
The above named entire the obligations of reg	ntity submits this statement for the	ne purpose of changing its	s registered	office or regi	stered ag	gent, or both, in the State of Flor	da. I am fa	ımiliar with,	and accept	
GNATURESignature, tyl	ped or printed name of registered agent and	title if applicable. (NOT	TE: Registered A	gent signature req	uired when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 lake Check Payable to Florida Department of State				-		9. Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees	
).	· OFFICERS AND DII	RECTORS	11.		Α	ODITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
	SINO, MARIE D COUNTRY MANOR	☐ Delete	TITLE NAME					☐ Change	Addition	
TY-ST-ZIP DAVIE F		<del></del>	CITY-S	ADDRESS T-ZIP						
TLE AME		Delete	TITLE NAME					☐ Change	Addition	
REET ADDRESS  TY=ST=ZIP==		غييان بيية بحالج بحال	STREET CITY-ST	ADDRESS	~ <del>~</del> ~~	والمنافعة المنطقة المن				
TLE		☐ Delete	TITLE					☐ Change	Addition	
REET ADDRESS			NAME STREET CITY-ST	ADDRESS						
IY-ST-ZIP		☐ Delete	TITLE	1-21				☐ Change	☐ Addition	
ME REET ADDRESS			1	ADDRESS						
IY-ST-ZIP LE		☐ Delete	CITY-ST	1-219				☐ Change	☐ Addition	
ME REET ADORESS 'Y-ST-ZIP		•	NAME STREET. CITY-ST	ADDRESS .				•		
LE		☐ Delete	TITLE	1* ZIF				☐ Change	Addition	
ME REET ADDRESS 'Y-ST-ZIP			NAME STREET CITY-ST	ADDRESS ZIP					Ì	
Y-ST-ZIP  I hereby certify that indicated on this report to corporation of	the information supplied with this port or supplemental report is true the receiver or trustee empowers trachment with an address, with	ie and accurate and that recept one execute this report	or the exemp my signature as required	tion stated in e shall have t	ne same	legal effect as if made under oa	th; that I an appears in	n an officer Block 10 o	or director r Black 11 if	