

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J76134**

1. Entity Name

ALL SCREEN SERVICE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90311 007 ***150.00

Principal Place of Business

**234 E 8TH ST
APOPKA FL 32703
US**

Mailing Address

**234 E 8TH ST
APOPKA FL 32703
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2811971**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUMLIN, JOSEPH F.
234 EAST 8TH STREET
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

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

City

State

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.

SIGNATURE

Signature, typed or printed name of registered agent and the filing date.

(NOTE: Registered Agent signature required when resigning)

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 \$850.00
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	PD	☐ Delete
NAME	SUMLIN, JOSEPH F.	
STREET ADDRESS	234 EAST 8TH STREET	
CITY-STATE-ZIP	APOPKA FL	
TITLE	D	☐ Delete
NAME	SUMLIN, JOSEPH ALLEN	
STREET ADDRESS	234 EAST 8TH STREET	
CITY-STATE-ZIP	APOPKA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP D	☒ Change ☐ Addition
NAME	SUMLIN, JOSEPH F.	
STREET ADDRESS	234 E 8th St	
CITY-STATE-ZIP	APOPKA, FL	
TITLE	P D	☒ Change ☐ Addition
NAME	SUMLIN, JOSEPH ALLEN	
STREET ADDRESS	234 E 8th St	
CITY-STATE-ZIP	APOPKA, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A Sumlin
Joseph A Sumlin

Date:

Daytime Phone:

407-889-5880

CR2E034 (10/00)