2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State DOCUMENT # J76134 1. Entity Name 05-29-2002 93647 016 ***550 00 ALL SCREEN SERVICE, INC. Principal Place of Business Mailing Address 234 E 8TH ST 234 E 8TH ST APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2811971 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUMLIN-Jas EPH SUMLIN, JOSEPH F. Street Address (P.O. Box Number is Not Acceptable) 234 EAST 8TH STREET APOPKA FL 32703 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE - Delete TITLE ☐ Addition Change NAME SUMLIN, JOSEPH F. NAME STREET ADDRESS 234 EAST 8TH STREET STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Addition NAME SUMLIN. JOSEPH ALLEN NAME STREET ADDRESS 234 EAST 8TH STREET STREET ADDRESS CITY-ST-7IP APOPKA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Suncin 5-20-02

FILED