

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90106 021 \*\*\*550.00

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**DOCUMENT # P00000086309**

1. Entity Name  
**UNITED RE SCREEN INC.**



Principal Place of Business  
**137 CAPEHART DR.  
ORLANDO FL 32807**

Mailing Address  
**137 CAPEHART DR.  
ORLANDO FL 32807**



2. Principal Place of Business

**4421 Leola Lane**

3. Mailing Address

**4421 Leola Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number **59-3670636**

Applied For  
Not Applicable

Zip

**32812**

Country

**Orange USA**

Zip

**32812**

Country

**Orange USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAROCHELLE, BLAISE  
137 CAPEHART DR.  
ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name **Blaise LaRoche**  
Street Address (P.O. Box Number is Not Acceptable)  
**4421 Leola Lane**  
City **Orlando** FL Zip Code **32812**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Blaise LaRoche** Blaise LaRoche

(NOTE: Registered Agent signature required when reinstating)

**8-12-03**

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LAROCHELLE, BLAISE</b>	
STREET ADDRESS	<b>137 CAPEHART DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-12-03**

Date

**407-492-3048**

Daytime Phone #

CP2E034 (4/03)