

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 023 ***150.00

DOCUMENT # 902000049500

1. Entity Name

CONTINENTAL SCREENS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3412 SW 44TH ST

Suite, Apt. #, etc.

3. Mailing Address

3412 SW 44TH ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

4. FEI Number
59-2294954

Applied For
☒ Not Applicable

Zip
33312

Country
USA

Zip
33312

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VAN DYKE BUFORD

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

3412 SW 44TH ST

City FT LAUDERDALE FL Zip Code 33312

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 date if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VAN DYKE BUFORD
3412 SW 44TH ST
FT LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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VAN DYKE CONNIE
3412 SW 44TH ST
FT LAUDERDALE FL 33312

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/03 9549892186

Date

Daytime Phone

CR2E034B (12/01)