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

Secretary of State 05-05-2003 91844 003 ***150.00 P02000063569 **DOCUMENT #** 1. Entity Name SCREEN MAINTENANCE OF FLORIDA, INC. 55046429 Principal Place of Business Mailing Address 15951 N. FLORIDA AVE. 15951 N. FLORIDA AVE. LUTZ FL 33549 LUTZ FL 33549 NCW 2. Principal Place of Business 3. Malling Address SAME Enst 124Th 920 te, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State amog 32 -0017282 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STAFFORD, S.L. Street Address (P.O. Box Number is Not Acceptable) 15951 N. FLORIDA AVE. **LUTZ FL 33549** 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. I am familiar with, and accept the obligations of registered ages SIGNATURE . FILE NOW!!! FEE.IS \$150.00. \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition NAME DOLL, HENRY P NAME STREET ADDRESS 507 SOVEREIGN CT. STREET ADDRESS CR2E034 CITY - ST - ZIP **TAMPA FL 33613** CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 state 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 simpowered. SIGNATURE:

FILED Jun 05, 2003 8:00 am