

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042865

1. Entity Name

SILVERSCREEN GRAPHICS, INC.

Principal Place of Business

3122-1 LEON RD  
JACKSONVILLE FL 32216

Mailing Address

3122-1 LEON RD  
JACKSONVILLE FL 32216

2. Principal Place of Business

910 11th Av. South

Suite, Apt. #, etc.

3. Mailing Address

3948 South 3rd St.

Suite, Apt. #, etc.

# 345

City & State

Jacksonville Beach

City & State

Jacksonville Beach, FL

Zip

FL 32250

Country

USA

Zip

32250-5847

Country

USA

6. Name and Address of Current Registered Agent

HADAWAY, MICHAEL S

3122-1 LEON RD

JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Michael S. Hadaway

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

127 10th Av. South

City

Jacksonville Beach

FL

Zip Code

32250

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

Michael S. Hadaway

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/01

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 \$550.00**  
**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	DPST	<input type="checkbox"/> Delete
NAME	HADAWAY, MICHAEL S	
STREET ADDRESS	3122-1 LEON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael S. Hadaway	
STREET ADDRESS	127 10th Av. South	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Michael S. Hadaway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 (904) 246-7799

Date

Daytime Phone #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90142 015 \*\*\*150.00

00042086



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)