## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2002 8:00 am Secretary of State P93000042865 DOCUMENT # 1. Entity Name SILVERSCREEN GRAPHICS, INC. 05-03-2002 90156 036 \*\*\*150 00 Mailing Address Principal Place of Business 3948 SOUTH 3RD ST. 910 11TH AVE. SOUTH JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-5847 \* pro- 10 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3185580 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HADAWAY, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 1227 10TH AVE. SOUTH JACKSONVILLE BEACH FL 32250 Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition **DPST** Delete TITLE HADAWAY, MICHAEL S NAME NAME 127 10TH AVE. SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLÉ TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ■ Addition ☐ Delete TITLE DTE NAME STREET ADDRESS STREET ADDRESS

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 address, with all other changed, or on an attachment with SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING

CITY-ST-ZIP

SIGNATUR

CITY-ST-ZIP

13. Thereby 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

**FILED**