

DOCUMENT # P94000035286

1. Entity Name
ACCU-SCREEN, INC.

Principal Place of Business

5305 S MACDILL
TAMPA FL 33611
US

Mailing Address

P. O. BOX 20767
TAMPA FL 33622
US

2. Principal Place of Business

5303 S. MacDill Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number 59-3241918

Applied For

Not Applicable

Zip

33611

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLISTER, WILLIAM S CPA
8001 N DALE MABRY HWY
STE 501M
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP
NAME CONNELL, KEVIN G
STREET ADDRESS 4141 BAYSHORE BLVD 1602
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Kevin G. Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/01

Date

813-837-1920

Daytime Phone #

Ext. 101

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90046 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)