2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90205 005 ***158.75

DOCUMENT # P96000006285

1. Entity Name
THE SCREEN DEPOT, INC.

Principal Place of Business	Mailing Address
2951 S.W. 14TH PL BOYNTON BEACH FL 33426 US	5319 ROSEMARY AVE. N. BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 SE 10th AVE	5319 Rosemarie ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, Fl.	City & State: Boynton Beach, Fl.
Zip: 33435 Country: Palm Beach	Zip: 33437 Country: Palm Beach

4. FEI Number 65-0640353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, KENNETH 5319 ROSEMARY AVE. N. — wrong BOYNTON BEACH FL 33437	Name: miller, Kenneth Street Address (P.O. Box Number is Not Acceptable): 5319 Rosemarie ave N. City: Boynton Beach FL Zip Code 33437

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 Kenneth miller President [signature] 1-6-02
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, KENNETH 5319 ROSEMARY AVE. N. BOYNTON BEACH FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, TAMMY 5319 ROSMARIE AVE N. BOYNTON BEACH FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Kenneth R Miller President 1-6-02 561/734-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)