

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90118 018 ***150.00

DOCUMENT # P96000006285

1. Entity Name
THE SCREEN DEPOT, INC.



Principal Place of Business
**201 SE 10TH AVENUE
BOYNTON BEACH FL 33435
US**

Mailing Address
**201 SE 10TH AVENUE
BOYNTON BEACH FL 33435
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0640353

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NORTH
BOYNTON BEACH FL 33437**

Name **Kenneth Miller**

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

5380 Winchester Woods Drive

City **LAKE WORTH**

FL

Zip **33463**

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 agent.

SIGNATURE *Kenneth R. Miller*
Signature, typed or printed name of registered agent and title if applicable.

Kenneth R. Miller

1/4/03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MILLER, KENNETH**
STREET ADDRESS **5319 ROSEMARY AVE. N.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **Kenneth Miller** ☒ Change ☐ Addition
NAME **5380 Winchester Woods Dr.**
STREET ADDRESS **LAKE WORTH FL. 33463**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **MILLER, TAMMY**
STREET ADDRESS **5319 ROSMARIE AVE N.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **Tammy Miller** ☒ Change ☐ Addition
NAME **5380 Winchester Woods Dr.**
STREET ADDRESS **LAKE WORTH, FL. 33463**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **General Manager** ☐ Change ☒ Addition
NAME **Larry Leggett**
STREET ADDRESS **306 W E 1st AVE**
CITY-ST-ZIP **Boy Bch FL. 33435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 execute 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 empowered.

SIGNATURE:

Kenneth R. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R. Miller

1/4/03

561-734-0167

Date

Daytime Phone #

CR2E034 (10/02)