

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90223 010 ***150.00

DOCUMENT # P96000062215

1. Entity Name

CANNON SCREEN REPAIRS, INC.

Principal Place of Business

**360 MORNING CREEK CIRCLE
 APOPKA FL 32712**

Mailing Address

**360 MORNING CREEK CIRCLE
 APOPKA FL 32712**

2. Principal Place of Business

1808 Imperial Palm Dr.
 Suite, Apt. #, etc.

3. Mailing Address

1808 Imperial Palm Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka, FL

City & State

Apopka, FL 32712

4. FEI Number

59-3390823

Applied For

Not Applicable

Zip

32712

Country

USA

Zip

32712

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CANNON, LINDA M
 360 MORNING CREEK CIRCLE
 APOPKA FL 32712**

*address →
 change*

7. Name and Address of New Registered Agent

Name

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

1808 Imperial Palm Dr.

City

Apopka

FL

Zip Code

32712

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, 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

TITLE **P** ☐ Delete
 NAME **CANNON, WILLIAM A**
 STREET ADDRESS **360 MORNING CREEK CIRCLE**
 CITY-ST-ZIP **APOPKA FL**

TITLE **V** ☐ Delete
 NAME **CANNON, LINDA M**
 STREET ADDRESS **360 MORNING CREEK CIRCLE**
 CITY-ST-ZIP **APOPKA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ Addition
 NAME **Joseph Herzberg**
 STREET ADDRESS **562 Orange Dr. #32**
 CITY-ST-ZIP **Altamonte Springs, FL 32706**

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

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

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

TITLE ☐ Change ☐ 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:

Linda M. Cannon Linda M. Cannon 4/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)