## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000008221 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name LAKE WORTH SCREEN, INC. 04-21-2000 90028 050 \*\*\*150.00 Principal Place of Business Mailing Address 119 S. H ST. 119 S. H ST. LAKE WORTH FL 33460 LAKE WORTH FL 33460-4430 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0890992 Not Applicable \$8.75 Additional Country 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 ~ BUCHANAN, BETTY M Street Address (P.O. Box Number is Not Acceptable) 810 SKY PINE WAY W. PALM BCH FL 33415 West 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition Secretary ☐ Change TITLE Delete TITLE SANDRA 5. Young Randall G. Young NAME NAME Club Road STREET ADDRESS STREET ADDRESS Boca Raton, FL 33486 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition treasurer **X** Delete TITLE TITLE SANDRA S. Young 1545 SW 4th Circle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33486 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 ☐ Addition ☐ Change ☐ Delete TITLE 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

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 within andress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00 Sol-533-0694