

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90418 040 ***150.00

DOCUMENT # *P99000030612*

1. Entity Name

PHIL'S SCREEN SERVICE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6239 NEWMARK ST.

Suite, Apt. #, etc.

3. Mailing Address

6239 NEWMARK ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEL Number

59-3566762

Applied For

Not Applicable

Zip
34606

Country

HERNANDO

Zip
34606

Country

HERNANDO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Phil BARONE JR

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

6239 NEWMARK ST

City

SPRING HILL

FL

Zip Code

34606

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*OWNER - PRESIDENT
PHIL BARONE JR
6239 NEWMARK ST
SPRING HILL FL 34606*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Phil BARONE JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil Barone Jr

4-15-04

Date

352-686-7514

Daytime Phone #

CR2E034B (12/02)