

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066893

1. Entity Name

SOUND & SCREEN DESIGNS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90054 011 ***150.00

Principal Place of Business	Mailing Address
250 E. HILLSBOROUGH AVE. TAMPA FL 33604	1250 E. HILLSBOROUGH AVE. TAMPA FL 33604-7208

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3589029	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SATIN, GLENN
1250 E. HILLSBOROUGH AVE.
TAMPA FL 33604

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____ (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, 2000 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	PT	TITLE	
NAME	SATIN, GLENN	NAME	
STREET ADDRESS	1250 E. HILLSBOROUGH AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	SATIN, CATHY	NAME	
STREET ADDRESS	1250 E. HILLSBOROUGH AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 with an address; with all other like empowered.

SIGNATURE: SATIN, GLENN 3/27/00 813 237 FFW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)