

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087789

1. Entity Name

FONTANA SCREEN PRINTING, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90236 026 ***150.00

Principal Place of Business

3209 NE 36 STREET
UNIT NO. 5
FT LAUDERDALE FL 33308

Mailing Address

3209 NE 36 STREET
UNIT NO. 5
FT LAUDERDALE FL 33308

749825

2. Principal Place of Business

1522 E. Gaylord

3. Mailing Address

1522 E. Gaylord

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Mt. Pleasant, MI

City & State

Mt. Pleasant, MI

Zip

48858

Country

Zip

48858

Country

4. FEI Number

65-0952184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMANUELE, MARK A
C/O PANZA MAURER MAYNARD & NEEL P.A.
3600 N FEDERAL HWY 3RD FLOOR
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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

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, 2001 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 PSTD
NAME BROMFIELD, JOHN R
STREET ADDRESS 3209 NE 36 STREET
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME Bromfield, John R ☒ Change ☐ Addition
STREET ADDRESS 1522 E. Gaylord
CITY-ST-ZIP Mt. Pleasant, MI 48858

TITLE S
NAME Bromfield, John R (Sr)
STREET ADDRESS 521 Hill Crest
CITY-ST-ZIP Fontana, WI 53125 ☐ Change ☒ Addition

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

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

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

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

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:

John Bromfield

John Bromfield

4-17-01

517-772-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)