## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000094340 **DOCUMENT #**

1. Entity Name

PETE HAINS SCREEN SERVICE, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90036 017 \*\*\*150.00

2. Principal Place of Business   S. Mailing Address   Suito, Apt. 4: etc.   Suito, Apt. 4: etc.   Suito, Apt. 4: etc.   Chy & State   City & State   Chy & State   Chy & State   Zio   Country   Application   So. Name and Address of Current Registered Agent   Name and Address of Current Registered Agent   Name and Address of Current Registered Agent   Name and Address of Name Registered Agent   Name and Address of Name and Address of Name Registered Agent   Name   Name and Address of Name Registered Agent   Name   Nam	Principal Place 12008 KITTEN HUDSON FL 3	TRAIL	3	Mailing Addres 12008 KITTEN T HUDSON FL 34	TRAIL							
City & State  City & FL Zip Code  City &	2. Principal P	lace of Busir	ess	3. Mailing Addre	ng Address							
Zip Country PASC	Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name	City & State			City & State	City & State			4. FEI Number <b>59-3006060</b>				
HAINS, PETER 12008 KITTEN TRAIL HUDSON FL 34669  6. The above named ontily submits this statement for the purpose of changing its registared office or registered agent, or both in the State of Florida. I am namiliar with and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheeck vapable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TILE MAKE THEN ADDRESS  TITLE MAKE THEN ADDRESS  THEN ADDR	Zip		Country PASCO	Zip			<b>5.</b> C	Certificate of Status Desired				
HAINS, PETER 12008 KITTEN TRAIL HUDSON FL 34669  City  City  FL  Zity Code  Added to Fees  City Si-Zip  Title  City Si-Zip  Ci		6. Name	and Address of Curr	ent Registered Agent	egistered Agent			7. Name and Address of New Registered Agent				
12008 KITTEN TRAIL HUDSON FL 34689  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City					- 3	Name						
12008 KTTEN TRAIL HUDSON FL 34669  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Lam Familian with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS 5150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS  CITY-S1-7P  TITLE  MAME SIRET ADDRESS  CITY-S1-7P	HAINS, PE	TER			Street Address			ox Number is Not Acceptable)				
City FL Zip Code  6. 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	12008 KIT	TEN TRAIL			Street Addres			ctarricor lo riot /locoptable)				
S. 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	HUDSON I	FL 34669	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<del>,</del>			_		
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After May 1, 2003. Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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12. Thereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 of the supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification in the supplied with the information of the supplied with the information of the supplied with the information of the supplied with the supplied with the information of the supplied with the suppli												

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR