

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104819

1. Entity Name
SCREENS UNLIMITED, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90022 037 ***550.00

Principal Place of Business
**486 NORTH TEMPLE AVE
STARKE FL 32091**

Mailing Address
**486 NORTH TEMPLE AVE
STARKE FL 32091**

00083214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12736 US HIGHWAY 301 S

3. Mailing Address
P.O. Box 230

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STARKE, FL

City & State
HAMPTON, FL

4. FEI Number
59-3638470

Applied For
Not Applicable

Zip
32091

Country
USA

Zip
32044

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, TERENCE M
486 NORTH TEMPLE AVE
STARKE FL 32091**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **ROTHBERG, IRVIN R**
STREET ADDRESS **2046 US HWY 301 SOUTH**
CITY-ST-ZIP **STARKE FL 32091**

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

TITLE **D** ☐ Delete
NAME **PENSICA, ANGELA C**
STREET ADDRESS **2046 US HWY 301 SOUTH**
CITY-ST-ZIP **STARKE FL 32091**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVEN R. ROTHBERG

08/31/00

Date

Daytime Phone #

(904) 964-8331

CR2E034 (5/00)