## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$71366**

1. Entity Name

## SCREEN SYSTEMS INCORPORATED

Suite Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WHITE IN THIS SPACE									
Principal Place of Business   S. Malling Address	rincipal Plac	e of Business	Mailing Address						
Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Dealerd  S. Name and Address of New Registered Agent  Name  ROMANSKY, JUDITH C 150 NATIONAL PLACE #140  LONGWOOD FL 32750  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  Sig	140		#140			80021401			
Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Dealerd  S. Name and Address of New Registered Agent  Name  ROMANSKY, JUDITH C 150 NATIONAL PLACE #140  LONGWOOD FL 32750  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  Sig	Principal Place of Business 3. Mailing Address								
Solution	Suite, Apt. #, etc. Suite, Apt. #, etc.					<b></b>			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ROMANSKY, JUDITH C 150 NATIONAL PLACE \$140 LONGWOOD FL 32750  City  FL  Zip Code  Code  City  FL  Zip Code  City  FL  Additive Contribution. In the State of Florida.  City  FL  Additive Contribution. In the State	City & State		City & State		4	4. FEI Number 59-3081433			plied For t Applicable
ROMANSKY, JUDITH C 150 NATIONAL PLACE #140 LONGWOOD FL 32750  City  FL  Zip Code  City  DATE  City  FL  Zip Code  City  DATE  City  FL  Zip Code  City  FL  Addition  City	Zip	Country	Zip	Country	5	. Certificate of Status Desired			
ROMANSKY, JUDITH C 150 NATIONAL PLACE #140 LONGWOOD FL 32750  City  FL  Zip Code  City  State Indicated when reseasting)  DATE  State Indicated when reseasting)  City City  State Indicated when reseasting when r		6. Name and Address of Current I	Registered Agent	<u> </u>	7.	Name and Address of New Re	gistered Ag	jent	
150 NATIONAL PLACE #140 LONGWOOD FL 32750  City  FL Zip Code  City  FL Signature required agent, or both, in the State of Florida.  City  FL Signature required when reinstating)  DATE  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will b	-		_ <del></del>						
City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  City State of Page 1	150 NATIONAL PLACE				Street Address (P.O.	Box Number is Not Acceptable)			
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.    Communication   Comm				-	City		- EI	Zip Cod	a
Signature. Specific printed name of registered agent and title if applicable.    This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so.   After MAY 1, 2000 Fee will be \$550.00							: <b>_</b> _	<u> </u>	
Tax filing requirement and elects to do so.  (See criteria on back)  Affer MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.			FILE NOW	/!!! FEE !:	S \$150.00			<b>\$5.0</b>	 ∩ May Po
TILE ROMANSKY, JUDITH R STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750  TILE VP Delete TITLE NAME ARE RAOMANSKY, DAVID SANFORD FL 32773  TILE S DELET ADDRESS CITY-ST-ZIP  TILE S CITY-ST-ZIP  TILE DAME GOULD, SHELLEY STREET ADDRESS CITY-ST-ZIP  TONGWOOD FL 32750  TILE T DELET DE					partment of State	Trust Fund Contribution. Added to Fees			
AME TREET ADDRESS TITY-ST-ZIP LONGWOOD FL 32750 TILE VP RAOMANSKY, DAVID TREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE TREET ADDRESS	1,	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	3 IN 11
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NAME STREET ADDRESS 1344 N MARCY DR STREET ADDRESS	ITY-ST-ZIP	SANFORD FL 32773		CITY-S					- Addition
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I I MARC PRIMER I FLORIAN		L CARTER, SANDRA		NAME	l				

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 a other like empowered.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: <

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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Delete

☐ Delete

ROMANSKY

☐ Change

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Addition

☐ Addition

**FILED** 

Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90054 050 \*\*\*150.00