

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71366

1. Entity Name

SCREEN SYSTEMS INCORPORATED

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90464 034 ***150.00

Principal Place of Business

Mailing Address

150 NATIONAL PLACE
#140
LONGWOOD FL 32750

150 NATIONAL PLACE
#140
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3081433

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROMANSKY, JUDITH C
150 NATIONAL PLACE
#140
LONGWOOD FL 32750

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROMANSKY, JUDITH R	
STREET ADDRESS	1344 N MARCY DR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMANSKY, DAVID	
STREET ADDRESS	102 HAZEL BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOULD, SHELLEY	
STREET ADDRESS	1344 N MARCY DR 103 OAKS Ct.	
CITY-ST-ZIP	LONGWOOD FL 32750 Sanford, FL 32771	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, SANDRA	
STREET ADDRESS	241 LELIE LANE	
CITY-ST-ZIP	LAKE MARY FL 32746 Stewartsville, NJ 08886	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judith Romansky Judith Romansky 3-9-01 407-331-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)