

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Amended*

DOCUMENT # **V67049**

1. Entity Name **TGF SCREEN, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -4 PM 3:56

Principal Place of Business Mailing Address  
**1301 AMARYLLIS DR  
BRANDON, FL. 33510**

2. Principal Place of Business **Same**  
3. Mailing Address **1301 AMARYLLIS DR.**

Suite, Apt. #, etc.

City & State **Brandon FL**

Zip **33510** Country **Hillsborough**

4. FEI Number **59-3144825** Applied For ☐ Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**John L. Frye  
1301 Amaryllis Dr.  
Brandon, FL. 33510**

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 \_\_\_\_\_ (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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>John L. Frye</b>	
CITY-ST-ZIP	<b>1301 Amaryllis Dr. Brandon, FL. 33510</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>Jon Bamber V-P</b>	
CITY-ST-ZIP	<b>5609 LUCKASAUGE RD Plant City FL. 33567</b>	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>Claire E. Banks</b>	
CITY-ST-ZIP	<b>466 Summerhill Dr Secy-Treas Hoschton GA. 30548</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>Secretary Russel McJaren</b>	
CITY-ST-ZIP	<b>426 N Hill Top Dr. Brandon FL. 33510</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Vice president</b>	
CITY-ST-ZIP	<b>Jon Bamber</b>	
	<b>5609 LUCKASAUGE RD</b>	
	<b>Plant City FL. 33510</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
	<b>200004430672-6</b>	
	<b>-06/19/01-01107-018</b>	
	<b>*****61.25 *****61.25</b>	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Secretary</b>	
CITY-ST-ZIP	<b>Russ McJaren</b>	
	<b>426 N Hill Top Dr.</b>	
	<b>Brandon FL. 33510</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **John Frye** **4-01-01** **813-503-3552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)