

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90391 035 \*\*\*158.75

0039100 AV

**DOCUMENT # J99600**

1. Entity Name  
**RAVEN TRANSPORT BROKERAGE, INC.**



Principal Place of Business 11231 PHILIPS INDUSTRIAL BLVD SUITE 200 JACKSONVILLE FL 32256 US	Mailing Address 11231 PHILIPS INDUSTRIAL BLVD SUITE 200 JACKSONVILLE FL 32256 US
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2857385**      Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVER SOLUTIONS, INC**  
11231 PHILIPS INDUSTRIAL BLVD  
SUITE 200  
JACKSONVILLE FL 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>DO SILVERMAN, STEPHEN J.</b> 11231 PHILIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>DO SILVERMAN, JUDITH E</b> 11231 PHILIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>O BAUM, MICHELE</b> 11231 PHILIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>O TEICHERT, DAVID L</b> 11231 PHILIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D SCHILLECI, J.B.</b> 3217 AIRPORT HIGHWAY BIRMINGHAM AL 35202	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 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

3/31/03 904-880-0627  
Date Daytime Phone #

CR2E034 (10/02)