2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P93000039874

1. Entity Name

BRUCE F. SILVER, P.A.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90093 028 ***150.00

Principal Place of Business 6100 GLADES RD STE 201 BOCA RATON FL 33434 US 2. Principal Place of Business		Mailing Address 6100 GLADES RD STE 201 BOCA RATON FL 33434 US 3. Mailing Address			70003987			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		- City & State		4FEl:Number-	65-0419730		oplied For-	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent	d Agent		7. Name and Address of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·				Name				
SILVER, BRUCE F								
			"8	Street Address ((P.O. Box Number i	s Not Acceptable)		
6100 GLADES RD STE 201								
BOCA RATON FL 33434			C	City			Zip Code	е -
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered o	office or register	red agent, or both,	in the State of Florida. I	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Age	ent signature required	d when reinstating)	DA	re	
F	ILE-NOW!!!-FEE-IS-\$150.00							
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				·		ön Campalgn Financing Fund Contribution.		May Be I to Fees
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS/CH	HANGES TO OFFICERS A	NID DIDECTOR	2 [N] 14
TITLE				ı	ADDITIONS/CI	ANGES TO OFFICERS /		
NAME	SILVER, BRUCE F	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	6100 GLADES RD, STE 201		NAME STREET AS	ppacee				
CITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-	l l				
	BOOK TENON TE GOTOT			217				
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME			NAME			•		
STREET ADDRESS			STREET AC					Ì
CITY-ST-ZIP			CITY-ST-	ZIP				
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET AD	DRESS				
CITY-ST-ZIP			CITY-ST-2	ZIP .				
TITLE		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET AD	DORESS				
CITY-ST-ZIP			CITY-ST-2	ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME		□ Deleté	NAME					☐ Addition
STREET ADDRESS			STREET AD	ORESS				

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 try 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 of trustee among feed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REQUBRUCE F. SILVER

☐ Delete

1/07/03

☐ Change

☐ Addition