

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90030 020 ***150.00

0012601
 AT

DOCUMENT # P98000014997

1. Entity Name
SILANTA TECHNOLOGIES CORPORATION

Principal Place of Business

6103 JOHNS ROAD
STE 1
TAMPA FL 33634

Mailing Address

P.O. BOX 260502
TAMPA FL 33685

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

59-3509658

Applied For

Not Applicable

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

TORTORELLO, JOHN
6103 JOHNS RD #1
TAMPA FL 33634

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, 2002 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 VPST
NAME PLAVNICK, KIMBERLY B
STREET ADDRESS 6103 JOHNS ROAD STE 1
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE V S T
NAME KIMBERLY PLAVNICK ☒ Change ☐ Addition
STREET ADDRESS 6103 JOHNS RD. #1
CITY-ST-ZIP TAMPA, FL 33634

TITLE V
NAME TORTELLO, JOHN V.
STREET ADDRESS 4822 BONITA VISTA DR
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE V
NAME JOHN V. TORTORELLO ☒ Change ☐ Addition
STREET ADDRESS 4822 BONITA VISTA DR.
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME BRIAN PLAVNICK ☐ Change ☐ Addition
STREET ADDRESS 6103 JOHNS RD #1
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 V. Tortorello* VP **JOHN V. TORTORELLO** 4/17/02 813-881-1425
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)