

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 29, 2000 8:00 am  
Secretary of State**

02-29-2000 90106 049 \*\*\*150.00

**DOCUMENT # 524647**

1. Entity Name

**E. W. SIVER AND ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**9400 FOURTH ST. N.  
P.O. BOX 21343  
ST. PETERSBURG FL 33702****9400 FOURTH ST. N.  
P.O. BOX 21343  
ST. PETERSBURG FL 33702-2531**

713651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1712226**

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

**EDWARD W SIVER  
9400 4TH ST N #119  
P O BOX 21343 (ZIP 33742)  
ST PETERSBURG FL 33702**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PTD</b>			
	<b>SIVER, EDWARD W</b>			
	<b>9400 4TH ST N</b>			
	<b>ST PETERSBURG, FL 00000</b>			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>V</b>			
	<b>MARSHALL, JAMES JR</b>			
	<b>9400 4TH ST N</b>			
	<b>ST PETERSBURG, FL 00000</b>			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>SIVER, ROBERT I</b>			
	<b>114 GIRALDA BLVD. N.E.</b>			
	<b>ST PETERSBURG, FL 00000</b>			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>S</b>			
	<b>CORNILLAUD, JEAN A</b>			
	<b>9400 4TH ST N</b>			
	<b>ST PETERSBURG FL</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>Corporate Secretary</b>				
	<b>George W. Erickson</b>				
	<b>9400 - 4th Street North #119</b>				
	<b>St. Petersburg, FL 33702</b>				

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 a address with all other like empowered.

**SIGNATURE:****By: Edward W. Siver, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/10/2000 (727) 577-2780**

Date

Daytime Phone #

CR2E034 (9/99)