

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # 530577**1. Entity Name
O'BRIEN-SILVESTRI CORPORATION

Principal Place of Business

2938 WELLINGTON CR E
SUITE 210
TALLAHASSEE
32308

FL

US

Mailing Address

P. O. BOX 14077
P O BOX 14077
TALLAHASSEE
32317

FL

US

2. Principal Place of Business

2938 WELLINGTON CR E

3. Mailing Address

P. O. BOX 14077

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-1838076

Applied For

Not Applicable

Zip
32308Country
USZip
32317Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, W. TAYLOR
430 BEARD ST.TALLAHASSEE FL
32303

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 _____ 01/29/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME SILVESTER KEN P.
STREET ADDRESS 3328 W. LAKESHORE DRIVE
CITY-ST-ZIP TALLAHASSEE FLTITLE D ☐ Delete
NAME O
STREET ADDRESS 6523 AQUADUCT CT.
CITY-ST-ZIP TALLAHASSEE FLTITLE PD ☐ Delete
NAME O
STREET ADDRESS 6523 AQUADUCT CT.
CITY-ST-ZIP TALLAHASSEE FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☒ Change ☐ Addition
NAME SILVESTER KEN P
STREET ADDRESS 3328 W. LAKESHORE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301TITLE D ☒ Change ☐ Addition
NAME O'BRIEN DIANNE E
STREET ADDRESS 6523 AQUADUCT CT.
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE PD ☒ Change ☐ Addition
NAME O'BRIEN TIMOTHY J
STREET ADDRESS 6523 AQUADUCT CT.
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: Timothy J. O'Brien

PD

01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)