

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591170

1. Entity Name

SILVERS SYSTEMS INCORPORATED.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90067 043 ***150.00

Principal Place of Business

Mailing Address

2430 30 AVE N
 ST. PETERSBURG FL 33713

2430 30 AVE N
 ST. PETERSBURG FL 33713-2920

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 **59-1852359**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERS, HAZEL A
 2430 30 AVE N
 ST. PETERSBURG, FL 33713

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	SD SILVERS, HAZEL A 11666 WOODBRIDGE BLVD SEMINOLE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERS, MICHAEL J. 90 MICHIANA DR 3728 59th Ave. Cir. E. TERRA CEIA FL Ellenton, FL 34222	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES, STEVEN T. 4360 55 WAY N KENNETH CITY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Erik M. Silvers 135 8th Avenue N.E. Apt. #1 St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V April B. Jannarone 7128 39th Avenue North St. Petersburg, FL 33709	☐ Change ☒ Addition
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: *Hazel A. Silvers* **SILVERS, HAZEL A.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000 (727) 823-7700

Date Daytime Phone #

CR2E034 (9/99)