

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F54727**

1. Entity Name

Anne Silka P.A.



FILED

05 FEB 22 PM 3:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4450 SE Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2513

Suite, Apt. #, etc.

REINSTATEMENT 0405

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

59-2169604

Applied For

☐ Not Applicable

Zip

34997

Country

USA

Zip

34995

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CHRISTINE M. MORENO, QTTy

Street Address (P.O. Box Number is Not Acceptable)

4450 SE Federal Hwy

City **STUART**

FL

Zip Code **34997**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRES.**
NAME **ANNE SILKA**
STREET ADDRESS **9550 S Ocean DR #1806**
CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE
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CITY-ST-ZIP

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**200047588902
03/02/05--01055--023 **300.00**

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 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Anne Silka President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05
Date

772-285-7850
Daytime Phone #

CR2E034B (12/02)

202

ANNE SILKA, P.A.
9559 South Ocean Drive #1806
Jensen Beach, Florida 34957
772-285-7850

February 15, 2005

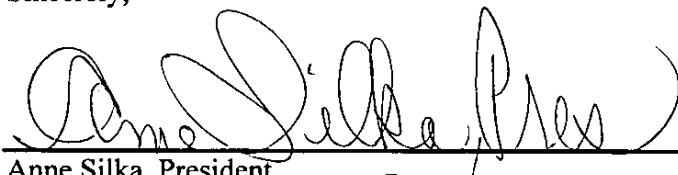
RE: FEI Number 59-2169604

To Whom It May Concern:

Somehow, I never received the UBR forms for 2004 or 2005 and was not aware that my corporation was not reinstated. My check for both years is enclosed. Please reinstate this corporation.

Thank you, I appreciate your help in this matter.

Sincerely,



Anne Silka, President
Anne Sika, P.A.