

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000625

1. Entity Name

DAVID SILVER & ASSOCIATES, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90102 042 ***150.00

Principal Place of Business

Mailing Address

997 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

997 N COLLIER BLVD
MARCO ISLAND FL 34145
US

2. Principal Place of Business

3. Mailing Address

7117 PELICAN BAY BLVD 7117 PELICAN BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601

601

City & State

City & State

NAPLES FLORIDA

NAPLES FLORIDA

Zip

Country

Zip

Country

34108

USA

34108

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVER, DAVID
997 N. COLLIER BLVD.
MARCO ISLAND FL 34145

Name

SILVER DAVID

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

7117 PELICAN BAY BLVD UNIT 601

City

NAPLES

FL

Zip Code

34108

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, 2001 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	PDC SILVER, DAVID A 997 N. COLLIER BLVD. MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SILVER DAVID A 7117 PELICAN BAY BLVD UNIT 601 NAPLES FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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 an address, with all other like empowered.

SIGNATURE:

David A Silver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2001 941 596 6533

Date

Daytime Phone #

CR2E034 (10/00)