

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002629

1. Entity Name

NO MORE SILENCE, INC.

Principal Place of Business

1900 PENNSYLVANIA AVE NE  
SAINT PETERSBURG FL 33703

Mailing Address

1900 PENNSYLVANIA AVE NE  
SAINT PETERSBURG FL 33703-1858

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

59-3502989

Applied For

Not Applicable

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

MCCORMICK, MAUREEN  
1900 PENNSYLVANIA AVE NE  
SAINT PETERSBURG FL 33703

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS LESCHEN, CHRISTY  
CITY-ST-ZIP 1105 HUNT AVE  
LAKELAND FL 33801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCCORMICK, MAUREEN  
CITY-ST-ZIP 1900 PENNSYLVANIA AVE NE  
SAINT PETERSBURG FL 33703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROCKEY, MARSHA  
CITY-ST-ZIP 1900 PENNSYLVANIA AVE NE  
SAINT PETERSBURG FL 33703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SAFFORD, LAURA  
CITY-ST-ZIP 1105 HUNT AVE  
LAKELAND FL 33801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS THIELMANN, LINDA  
CITY-ST-ZIP 615 W VIRGINIA AVE  
TAMPA FL 33603

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS THIELMANN, LINDA  
CITY-ST-ZIP 5928 TANGLEWOOD DR NE  
ST. PETERSBURG, FL 33703

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BARRON, JANICE  
CITY-ST-ZIP 6001 19TH ST NE  
SAINT PETERSBURG FL 33703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/00 727 525 7232

CR2E037 (9/99)