## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000024405

1. Entity Name

SILENCE/SUMMER LEE, INC.



## FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90497 028 \*\*\*150.00

				<b>'</b>		
Principal Place of Business PO BOX 2113 ORLANDO FL 32802-2113		Mailing Address PO BOX 2113 ORLANDO FL 32802-2	113			
*	•					
2. Principal Place of Business .		3. Mailing Address	) 4 4 35		011	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3630890	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional ee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered A	gent	
ייבר פוסי	MDD T		Name	and the same of th		
LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32822						
tour.			City	FL	Zip Code	
8. The above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (I	 NOTE: Registered Agent signature require	ed when reinstating) DATE		
a F	LE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	<b>\$5.00</b> May Be	
	May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen			Trust Fund Contribution.	Added to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11	
TITLE	D PIOLARD 7	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	LEE, RICHARD T 7050 AUGUSTA NATIONAL D	RIVE	NAME STREET ADDRESS	•	13	
CITY-ST-ZIP	ORLANDO FL 32822	****	CITY-ST-ZIP	,		
TITLE		☐ Delete	TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	A 11 (P. Terrel March 1 von von	Change Addition	
NAME	ر به مستور		NAME STREET ADDRESS	للمهيم بالمستوار والمحاصر والوالي ليهاموا الأراب الميام فللشيوسوي		
STREET ADDRESS* CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<i>:</i>		
TITLE		□ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	###.	□ Delete	TITLE	The state of the s	☐ Change ☐ Addition	
NAME		□ Delete	NAME		Change Addition	
STREET ADDRESS	•		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	l	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby c	ertify that the information supplied v	vith this filing does not qualify	for the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certif	y that the information	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2003

Oate

407-857-2835

Daytime Phone #