

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90008 018 ***158.75

DOCUMENT # P00000041992

1. Entity Name

SILNETIXS 2000 INCORPORATED

Principal Place of Business

213 BOWEN RD.
DAVENPORT FL 33837-9531

Mailing Address

213 BOWEN RD.
DAVENPORT FL 33837-9531

2. Principal Place of Business

3. Mailing Address

Po Box 900

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Loughman FL

Zip

Country

Zip

33858-0900

Country

Polk

4. FEI Number

59-3639794

☒ 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

BECHTOLD, DANIEL

213 BOWEN RD.

DAVENPORT FL 33837-9531

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 Dan Bechtold

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

Dan Bechtold

(NOTE: Registered Agent signature required when reinstating)

Jan 05, 2001

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 PD
NAME BECHTOLD, DANIEL ☐ Delete
STREET ADDRESS 213 BOWEN RD.
CITY-ST-ZIP DAVENPORT FL 33837-9531

TITLE PD
NAME Dan Bechtold ☒ Change ☐ Addition
STREET ADDRESS Po Box 900
CITY-ST-ZIP Loughman FL 33858-0900

TITLE CEO
NAME ROGAN, SHAWN ☐ Delete
STREET ADDRESS P.O. BOX 2981
CITY-ST-ZIP DAVENPORT FL 33837

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

TITLE D
NAME ROGAN, SHAWN ☐ Delete
STREET ADDRESS P.O. BOX 2981
CITY-ST-ZIP DAVENPORT FL 33837

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: Dan Bechtold PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)