

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90005 040 ***550.00

DOCUMENT # P00000068003

1. Entity Name
JOSEPH S. SILVER P.A.

Principal Place of Business

**613 SOUTH BOULEVARD
TAMPA FL 33606**

Mailing Address

**613 SOUTH BOULEVARD
TAMPA FL 33606**

2. Principal Place of Business

402 E 7th Ave
Suite, Apt. #, etc.

3. Mailing Address

PO Box 172805
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3667466

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33672

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVER, JOSEPH ESQ.
613 SOUTH BOULEVARD
TAMPA FL 33606**

Note: New Address

7. Name and Address of New Registered Agent

Name **Joseph S. Silver**

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

402 E 7th Ave

PO Box 172805

City **Tampa**

FL

Zip Code **33672**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D**
NAME **SILVER, JOSEPH S ESQ.**
STREET ADDRESS **807 SOUTH HOWARD AVE. #105**
CITY-ST-ZIP **TAMPA FL 33606**

Note: New Address

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **SILVER, JOSEPH S. ESQ.**
STREET ADDRESS **402 E 7th Ave**
CITY-ST-ZIP **Tampa FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)