

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90114 016 ***150.00

DOCUMENT # P00000092622



1. Entity Name
SILVESTRE DESIGN GROUP, INC.

Principal Place of Business
**1815 S. SANFORD AVE
SANFORD FL 32771**

Mailing Address
**1815 S. SANFORD AVE
SANFORD FL 32771**

2. Principal Place of Business
412 GRANDVIEW N.
Suite, Apt. #, etc.

3. Mailing Address
412 GRANDVIEW N.
Suite, Apt. #, etc.

City & State
SANFORD, FL

City & State
SANFORD, FL

4. FEI Number
65-1046827

Applied For

Not Applicable

Zip
32771

Country
USA

Zip
32771

Country
USA

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

**SYLVESTER, KATHLEEN
1815 S. SANFORD AVE.
SANFORD FL 32771**

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
412 GRANDVIEW AVE. N.

City
SANFORD

FL

Zip Code
32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kathleen Sylvester, Pres.**
Signature, typed or printed name of registered agent and title if applicable.

3/18/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SYLVESTER, KATHLEEN G
1815 S SANFORD AVENUE
SANFORD FL 32771** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SYLVESTER, REYNALDO R
1815 S SANFORD AVENUE
SANFORD FL 32771** ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **REYNALDO SYLVESTER** **3/18/03** **407 328 8747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #