

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097620

1. Entity Name
THE SILVERKNIGHT GROUP INCORPORATED

Principal Place of Business
2000 N. FLORIDA MANGO RD.
SUITE 206
W. PALM BEACH FL 33409

Mailing Address
2000 N. FLORIDA MANGO RD.
SUITE 206
W. PALM BEACH FL 33409

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 13-4063240

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

SILBERGLEID, MICHAEL
51 SW FLAGLER AVE
STE #210
STUART FL 34994

Name SILBERGLEID, MICHAEL

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

2000 N. FLORIDA MANGO RD.

SUITE 206

City

W. PALM BEACH

FL

Zip Code

33409

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.

Michael Silbergleid President

DATE

11/4/02

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, 2002 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 SILBERGLEID, MICHAEL
STREET ADDRESS 51 SW FLAGLER AVE STE #210
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1777 RIPLEY RUN
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Silbergleid, President 11/4/02 561-697-9165

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90010 030 ***158.75



DO NOT WRITE IN THIS SPACE

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