

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90040 016 ***150.00

DOCUMENT # P00000114317

1. Entity Name
SILVER SPRING MANAGEMENT, INC.

Principal Place of Business

**10550 BALMORAL CIR. WEST
 JACKSONVILLE FL 32218.**

Mailing Address

**10550 BALMORAL CIR. WEST
 JACKSONVILLE FL 32218**

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 **59-3686856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, MAHESH B

**10550 BALMORAL CIR. WEST
 JACKSONVILLE FL 32218**

Name

BHARAT PATEL

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

10550 BALMORAL CIRCLE W.

City

JACKSONVILLE

FL

Zip Code

32218

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 **X Bharat N. Patel**

BHARAT PATEL, D.

1/10/2002

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **PATEL, MAHESH B**
STREET ADDRESS **10550 BALMORAL CIR. WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Change ☒ Addition
NAME **SHARMA, SONAL B**
STREET ADDRESS **2025 PEACHTREE RD APT 224**
CITY-ST-ZIP **ATLANTA, GA 30309**

TITLE **D** ☐ Delete
NAME **PATEL, DEVENDRA H**
STREET ADDRESS **10550 BALMORAL CIR. WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE **D** ☐ Delete
NAME **PATEL, BHARAT**
STREET ADDRESS **5630 GRAND PL 10550 BALMORAL CIR. W.**
CITY-ST-ZIP **WILLOUGHBY OH 44094 JACKSONVILLE FL 32218**

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

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
NAME
STREET ADDRESS
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: **X Bharat N. Patel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BHARAT PATEL **1/10/2002** **904-757-8338**

Date

Daytime Phone #

CR2E034 (9/01)