

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90014 029 ***150.00

0043883 AV

DOCUMENT # P01000073944

1. Entity Name

SILVEY, INC.

Principal Place of Business

1318 WESTHEAVEN CT.
TALLAHASSEE FL 32310

Mailing Address

1318 WESTHEAVEN CT.
TALLAHASSEE FL 32310

2. Principal Place of Business

1320 Capital Cir. S.W.
Suite, Apt. #, etc.

3. Mailing Address

1320 Capital Cir. S.W.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3736584

Applied For

Not Applicable

Zip

32310

Country

USA

Zip

32310

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVEY, LAURA
1318 WESTHEAVEN CT.
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

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

[Signature]

Joe Silvey

2-13-02

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SILVEY, LAURA
1318 WESTHEAVEN CT.
TALLAHASSEE FL 32310

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SILVEY, JOSEPH
1318 WESTHEAVEN CT.
TALLAHASSEE FL 32310

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02

Date

850-385-2044

Daytime Phone #

CR2E034 (9/01)