

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90013 036 ***150.00

0503646 AV

DOCUMENT # P01000082964

1. Entity Name
THE SILENCE FOUNDATION, INC.

Principal Place of Business
4369 27TH COURT SW. BLDG 11 #203
NAPLES FL 34116

Mailing Address
4369 27TH COURT SW. BLDG 11 #203
NAPLES FL 34116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
950 N. Collier Blvd.

3. Mailing Address
950 N. Collier Blvd.

Suite, Apt. #, etc.
Suite 423

Suite, Apt. #, etc.
Suite 423

City & State
MARCO, FL.

City & State
MARCO, FL.

Zip
34145

Country
Collier

Zip
34145

Country
Collier

4. FEI Number
59-3740586

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, PATRICIA A
4369 27TH COURT SW, BLDG 11 #203
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name
Webb, Patricia A.
 Street Address (P.O. Box Number is Not Acceptable)
950 N. Collier Blvd.
Suite 423
 City **MARCO, FL** Zip Code **34145**

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 **Patricia A. Webb.**

04/13/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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

TITLE **D** ☒ Delete
 NAME **WEBB, PATRICIA A**
 STREET ADDRESS **4369 27TH COURT SW, BLDG 11 #203**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **D** ☒ Delete
 NAME **MCCLESKEY, DAVID M**
 STREET ADDRESS **4369 27TH COURT SW, BLDG 11 #203**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Webb, Patricia**
 STREET ADDRESS **950 N. Collier Blvd. #423**
 CITY-ST-ZIP **MARCO, FL. 34145**

TITLE ☐ Change ☐ Addition
 NAME **McCleskey, David M.**
 STREET ADDRESS **950 N. Collier Blvd. #423**
 CITY-ST-ZIP **MARCO, FL. 34145**

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

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

TITLE ☐ Change ☐ Addition
 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: **Patricia A. Webb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/02

Date

(941) 389-8800
(941) 352-4646

Daytime Phone #

CR2E034 (9/01)