

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91452 024 ***150.00

DOCUMENT # P01000082964

1. Entity Name
THE SILENCE FOUNDATION, INC.



Principal Place of Business
**950 N. COLLIER BLVE.
STE. 423
MARCO ISLAND, FL 34145**

Mailing Address
**950 N. COLLIER BLVE.
STE. 423
MARCO ISLAND, FL 34145**

JUL 16 11 10



2. Principal Place of Business

950 N. Collier Blvd.

3. Mailing Address

950 N. Collier Blvd.

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

423

Suite, Apt. #, etc.

423

City & State

MARCO FL

City & State

MARCO FL

4. FEI Number

59-3740586

Applied For

☐ Not Applicable

Zip

34145

Country

Collier

Zip

34145

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBB, PATRICIA A
950 N. COLLIER BLVD.
STE. 423
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name **~~Webb, Patricia A.~~ Anne**

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

SIGNATURE

Patricia A. Webb

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

(NOTE: Registered Agent signature required when making change)

4-30-03

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

TITLE **D** ☐ Delete
NAME **WEBB, PATRICIA A**
STREET ADDRESS **950 N. COLLIER BLVD. #423**
CITY-ST-ZIP **MARCO ISLAND, FL 34145** *new address*

TITLE **D** ☐ Delete
NAME **MCCLESKEY, DAVID M**
STREET ADDRESS **950 N. COLLIER BLVD. #423**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Webb Patricia**
STREET ADDRESS **6201 N. GRAND #4E**
CITY-ST-ZIP **OKC, OK 73118**

TITLE **D** ☐ Change ☐ Addition
NAME **McCleskey, David M.**
STREET ADDRESS **6201 N. GRAND #4E**
CITY-ST-ZIP **OKC, OK 73118**

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

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:

Patricia A. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 (405) 236-5212

Date

Daytime Phone #

CR2034 (10/02)