

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 30 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094397

1. Entity Name

THE SILCOME GROUP, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2302 NW 71ST PLACE

3. Mailing Address

P.O. BOX 13124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3750558

Applied For

Not Applicable

Zip

32653

Country

USA

Zip

32604

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

800023360168

09/26/03--01044--004 **150.00

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MABEL E. SILVA

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

2302 NW 71ST PLACE

City GAINESVILLE

FL

Zip Code
32653

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

Mabel E. Silva, VP

MABEL E. SILVA

SEPT-12-2003

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1, May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WELCOME, FAYLENE
9622 SW 33TH LANE, GAINESVILLE FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP S T
SILVA, MABEL E
P.O. BOX 13124, GAINESVILLE, FL 32604

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with full other like empowered.

SIGNATURE:

Mabel E. Silva

MABEL E SILVA

SEPT-12-2003 352-222-6534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

g101