FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90098 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115504

1. Entity Name: A. T. Silva Group, Inc.

655999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13435 S. McCall Rd.	3100 Shannon Dr.
Suite, Apt. #, etc.: # 16	Suite, Apt. #, etc.:
City & State: Port Charlotte Fl	City & State: Punta Gorda Fl.
Zip: 33981 Country: U.S.A.	Zip: 33950 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-115-8064 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ted Silva

Street Address (P.O. Box Number is Not Acceptable): 3100 Shannon dr.

City: Punta Gorda FL Zip Code: 33950

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres.
NAME	Ann Silva
STREET ADDRESS	1760 S.W. 83 Ter
CITY-ST-ZIP	Miramar Fl. 33025
TITLE	V. Pres.
NAME	Ted Silva
STREET ADDRESS	3100 Shannon Dr.
CITY-ST-ZIP	Punta Gorda Fl. 33950
TITLE	Sec.
NAME	Ann. Silva
STREET ADDRESS	1760 S.W. 83rd Ter
CITY-ST-ZIP	Miramar Fl. 33025
TITLE	Treas.
NAME	Ted Silva
STREET ADDRESS	3100 Shannon dr
CITY-ST-ZIP	Punta Gorda Fl. 33950
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 941-698-9680

Date Daytime Phone #