

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90127 008 \*\*\*150.00

**DOCUMENT # P93000061865**

1. Entity Name  
**LEWIS H. SILVEIRA, INC.**



Principal Place of Business  
**533 SANDPIPER LANE  
DELRAY BEACH FL 33435  
US**

Mailing Address  
**P.O. BOX 316  
POCASSET MA 02559  
US**



2. Principal Place of Business  
**5320 DELANO COURT**

3. Mailing Address  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL Florida**

City & State

4. FEI Number **65-0434462**

Applied For  
Not Applicable

Zip  
**33904**

Country  
**US**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVEIRA, LEWIS H  
533 SANDPIPER CIR  
DELRAY BEACH FL 33435**

Name: **LEWIS H SILVEIRA**  
Street Address (P.O. Box Number is Not Acceptable)

**5320 DELANO CT**

City **CAPE CORAL** **FL** Zip Code **33904**

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 **L H Sil**  
Signature, typed or printed name of registered agent and one is applicable.

**3/10/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **SILVEIRA, LEWIS H**  
STREET ADDRESS **533 SANDPIPER LANE**  
CITY-ST-ZIP **DELRAY BEACH FL 33435**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**L H Sil** **4/15/03**

CR2E034 (10/02)