

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90150 050 \*\*\*150.00

**DOCUMENT # P93000087767**

1. Entity Name  
**SILVANIC, INC.**

Principal Place of Business 2207 7TH STREET WEST PALMETTO FL 34221	Mailing Address 2207 7TH STREET WEST PALMETTO FL 34221-4219
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80023301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6202 US HIGHWAY 301N Suite, Apt. #, etc.	3. Mailing Address 6202 US HIGHWAY 301N Suite, Apt. #, etc.
City & State ELLENTON, FL	City & State ELLENTON, FL
Zip 34222	Country
Zip 34222	Country

4. FEI Number 65-0456672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**COLBERT, PENE S**  
**2207 7TH STREET WEST**  
**PALMETTO FL 34221**

7. Name and Address of New Registered Agent  
 Name  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	COLBERT, PENE S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2207 7TH STREET WEST	NAME	
STREET ADDRESS	PALMETTO FL 34221	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVANIC, LOUISE Y <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	2207 7TH STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVANIC, GEORGE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	2207 7TH STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Pene Sue Colbert  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 941-722-6433  
 Date Daytime Phone #

CR2E034 (9/99)