

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045920

1. Entity Name

SILVAFOAM CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90955 048 \*\*\*150.00

Principal Place of Business

Mailing Address

7650 COURTNEY CAMPBELL CAUSEWAY  
SUITE 1120  
TAMPA FL 33607

7650 COURTNEY CAMPBELL CAUSEWAY  
SUITE 1120  
TAMPA FL 33777-1527

2. Principal Place of Business

2575 Ulmerton Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Zip

33762

Country

U.S.

Zip

Country

4. FEI Number

59-3290119

Applied For

Not Applicable

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

DAVIS, ELIZABETH K ESQ  
7650 COURTNEY CAMPBELL CAUSEWAY  
SUITE 1120  
TAMPA FL 33607

Name  
Cherish Jones

Street Address (P.O. Box Numbers Not Acceptable)

241 S Memorial Beach Rd #31

City  
Clearwater

FL

Zip Code  
33759

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

Cherish Jones

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	D	<input type="checkbox"/> Delete
NAME	DAVIS, RICHARD C	
STREET ADDRESS	7650 COURTNEY CAMPBELL CAUSEWAY, #1120	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(927) 656-9955

Daytime Phone #