## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000083645** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name SILENT SERVANT, INC. 04-07-2000 90055 005 \*\*\*150.00 Principal Place of Business Mailing Address 1995 DIPOL CTWY 1995 DIPOL CTWY TITUSVILLE FL 32790 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address 3763 SUNWORD Drive 3763 Junuard Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3279637 Merritt Island Merrit Island, FL Not Applicable Zip **3**2953 \$8.75 Additional 5. Certificate of Status Desired USA 32953 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUCCERI, ROBERT N** Street Address (P.O. Box Number is Not Acceptable) 1995 DIPOL CTWY. TITUSVILLE FL 32780 City Herr: # Island 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)\* FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Duccen# H1124sety W **PSD** TITLE Addition TITLE ☐ Delete BUCCERI, ELIZABETH W NAME NAME 3763 SUNWARY DRIVE STREET ADDRESS STREET ADDRESS 1995 DIPOL CTWY MERRITT ISLAND, FL 32953 PSD BULCERT, ROBERT N Change CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32780 TITLE ☐ Delete TITLE BUCCERI, ROBERT N NAME 3763 SUNWARD DRIVE STREET ADDRESS 1995 DIPOL CTWY STREET ADDRESS MERRITTISLAND FR 32953 CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.