

2002 UNIFORM BUSINESS REPORT (UBR)

0063888 AV

DOCUMENT # P95000033453

1. Entity Name
SILENT PLANET, INC.

Principal Place of Business

500 PARK AVE. SO.
SECOND FLOOR
WINTER PARK FL 32789
US

Mailing Address

390 NORTH ORANGE AVE
SUITE 1100
ORLANDO FL 38201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3311279

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 38201

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

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

(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, 2002 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 PT ☐ Delete
NAME MOSELER, JOHN-ERIK
STREET ADDRESS 3259 BELLINGHAM DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME 700005388967--4
STREET ADDRESS -04/30/02--01012--018
CITY-ST-ZIP ****158.75 ****158.75

TITLE VP ☐ Delete
NAME BOLDMAN, LOYD
STREET ADDRESS 2824 N. MORNINGSIDE CT
CITY-ST-ZIP OVIEDO FL 32732

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

TITLE D ☐ Delete
NAME LAANEN, PETER
STREET ADDRESS 242 MARSHALL DRIVE
CITY-ST-ZIP WALNUT CREEK CA 94598

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

TITLE T ☐ Delete
NAME MOSELER, JOHN A.
STREET ADDRESS 1630 AUGUSTA WAY
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete
NAME ZWAGEMAKER, BRAM
STREET ADDRESS VERNEERPLEIN 19
CITY-ST-ZIP 3723 EL BILTHOVEN NETHERLAND

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John-Erik Moseler, President

Date

Daytime Phone #

78

CR2E034 (9/01)

FILED
02 APR 22 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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