

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90205 017 ***150.00

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DOCUMENT # P95000050109

1. Entity Name

SILVER SEAS BUILDING COMPANY



Principal Place of Business

638 N US1 STE 152
TEQUESTA FL 33469

Mailing Address

PO BOX1327
GREEN COVE SPRINGS FL 32043

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

65-0591565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUPILLI, E C

~~18219 SE RIDGEVIEW DR~~

~~TEQUESTA FL 33469~~

Name

Street Address (P.O. Box Number is Not Acceptable)

101 N.E. 19th AVE / A-210

Deerfield Beach FL 33441

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 *Eugene P. Pupilli*

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

(NOTE: Registered Agent signature required when reinstating)

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 PUPILLI, E C
STREET ADDRESS ~~18219 SE RIDGEVIEW DR~~
CITY-ST-ZIP ~~TEQUESTA FL 33469~~

TITLE ☒ Change ☐ Addition

NAME 101 N.E. 19th AVE Apt 210
STREET ADDRESS DEERFIELD BEACH, FL 33441
CITY-ST-ZIP

TITLE VPS ☐ Delete

NAME TOWNSEND, J.F.
STREET ADDRESS 655 US 1 TEQUESTA
CITY-ST-ZIP JUPITER FL 33469

TITLE ☐ Change ☐ Addition

NAME 18230 S.E. RIDGEVIEW DR
STREET ADDRESS TEQUESTA, FL 33469
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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: *Eugene P. Pupilli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)