

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90096 017 ***150.00

DOCUMENT # P95000092943

1. Entity Name

THE SILK GARDEN, INC.

Principal Place of Business

**4300 KINGS HIGHWAY STE 211
 CHARLOTTE HARBOR FL 33980
 US**

Mailing Address

**4300 KINGS HIGHWAY
 STE B27
 PUNTA GORDA FL 33980
 US**



2. Principal Place of Business

4947 Kilkenney Way

Suite, Apt. #, etc.

3. Mailing Address

4947 Kilkenney Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oldsmar FL 34677

City & State

Oldsmar FL 34677

4. FEI Number

65-0627351

Applied For

Not Applicable

Zip

Country

34677

Zip

Country

34677

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KOVLARITCH, KATHLEEN M
 128 GREAT ISAAC COURT
 PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

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

4947 Kilkenney Way

City

Oldsmar

FL

Zip Code
34677

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

3/14/02

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

TITLE **PD** ☐ Delete
 NAME **KOVLARITCH, ALBERT A**
 STREET ADDRESS **128 GREAT ISAAC CT**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **STD** ☐ Delete
 NAME **KOVLARITCH, KATHLEEN M**
 STREET ADDRESS **128 GREAT ISAAC COURT**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4947 Kilkenney Way**
 CITY-ST-ZIP **Punta Gorda FL 34677**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4947 Kilkenney Way**
 CITY-ST-ZIP **Punta Gorda FL 34677**

TITLE ☐ Change ☐ Addition
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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:

KATHLEEN KOVLARITCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/02 727-777-0089

CR2E034 (9/01)