

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 043 ***150.00

DOCUMENT # P96000051733

1. Entity Name

SILVANIA MACHINING, INC..

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101C DUNBAR AVE

Suite, Apt. #, etc.

3. Mailing Address
101C DUNBAR AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OLDSMAR, FL

City & State
OLDSMAR, FL

4. FEI Number
59-3392025

Applied For
Not Applicable

Zip
34677

Country
US

Zip
34677

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
KUTCHINS-BRYAN-A

Street Address (P.O. Box Number is Not Acceptable)
3974 TAMPA RD

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
VARGA, CAROL
461 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Varga

CAROL VARGA

04/25/2002 813-818-0418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #