

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 001 ***150.00

DOCUMENT # P96000051733
1. Entity Name
SILVANIA MACHINING, INC.

90119985

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.	
City & State OLDSMAR, FL		City & State OLDSMAR, FL	
Zip 34677	Country U.S.A.	Zip 34677	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3392025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KUTCHINS, BRYAN A.	
Street Address (P.O. Box Number is Not Acceptable) 3974 TAMPA RD.	
City OLDSMAR	Zip Code FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGA, CAROL 101C DUNBAR AVE. OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Varga
CAROL VARGA - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2003

Date

(813) 818-0418

Daytime Phone #