

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

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90305 009 \*\*\*150.00

**DOCUMENT # P96000067622**

**1. Entity Name**  
**ROBERT E. SILVIA CONSTRUCTION CO., INC.**



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business - NEW**

**974 E. JEFFREY ST.**  
Suite, Apt. #, etc.

**3. Mailing Address - NEW**

**974 E. JEFFREY ST.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**BOCA RATON, FL.**

**City & State**

**BOCA RATON, FL.**

**4. FEI Number**

**65-0690124**

**Applied For**

**Not Applicable**

**Zip**

**33487**

**Country**

**Zip**

**33487**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTIN, STEFFANI T**  
**1704 17TH LN**  
**LAKE WORTH, FL 33463**

**7. Name and Address of ~~Current~~ Registered Agent** **NO CHANG**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature of agent or person in name of registered agent and title, if applicable.

(NOTE: For question of Agent signature, request of who is representing)

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  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DP</b>
<b>NAME</b>	<b>SILVIA, ROBERT E</b>
<b>STREET ADDRESS</b>	<b>7682 OAK GROVE CR.</b>
<b>CITY-ST-ZIP</b>	<b>LAKE WORTH, FL 33467</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**CHANGE MADE:**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>974 E. JEFFREY ST.</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33487</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**

*Robert E. Silvia*  
**ROBERT E. SILVIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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