

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90003 040 ***150.00

DOCUMENT # P96000104014

1. Entity Name

JOHN J SILVIA INC

Principal Place of Business

Mailing Address

**8413 JACARANDA AVE
 SEMINOLE FL 33777-3619**

**8413 JACARANDA AVE
 SEMINOLE FL 33777-3619**

2. Principal Place of Business

3. Mailing Address

3998-78 Ave N
 Suite, Apt. #, etc.

7250 Ulmerton Rd
 Suite, Apt. #, etc.
A

City & State
PINELLAS PARK FL

City & State
LARGO FL

Zip
33781 Country
PINELLAS

Zip
33771 Country
PINELLAS

4. FEI Number **59-3434687**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZEOLI, SAM JR.
 8413 JACARANDA AVE
 SEMINOLE FL 33777-3619**

Name
PROFESSIONAL BUSINESS ACCT.
 Street Address (P.O. Box Number is Not Acceptable)
7250 Ulmerton Rd Suite A
 City
LARGO FL Zip Code
33771

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 *Ed Schrecker CPA* Ed Schrecker CPA
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John J. Silvia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

Daytime Phone #