## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 14, 2001 8:00 am DOCUMENT # P9700036330 Secretary of State SILVERSMITH, INC. 02-14-2001 90026 012 \*\*\*150.00 Principal Place of Business Mailing Address 4125 CLEVELAND AVENUE 16520 S. TAMIAMI #18-124 FT MYERS FL 33901 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0739675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EUSER AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 6570 S. TAMIAMI **CORAL GABLES FL 33134** City 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 searced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CFOS** TITLE TITLE ☐ Change Addition 3R2E034 (10/00) Delete NOUFRIOS, DEBBIE E NAME NAME 4125 CLEVELAND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition EGLSEDER, SHAWN NAME NAME STREET ADDRESS 4125 CLEVELAND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33901 TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE . ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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** 

GRATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2.11-01

941-275-0957

Daytime Phone #