

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032631

1. Entity Name
SILVERS ENTERPRISES INC.

Principal Place of Business

330 MYRTICE AVENUE
SUITE 67
MERRITT ISLAND FL 32953

Mailing Address

430 ALABAMA AVE
MERRITT ISLAND FL 32954-0806

2. Principal Place of Business

12 Winar DR
Suite, Apt. #, etc.

3. Mailing Address

PO Box 540806
Suite, Apt. #, etc.

City & State

Merritt Island

City & State

Merritt Island

Zip

32953

Country

Brevard

Zip

32954

Country

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3441981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERS, JOHN N
430 ALABAMA AVE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name Celeste M. Silvers

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

12 Winar DR.

Merritt Island

FL

Zip Code

32953

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 *Celeste M. Silvers*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/00

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	SILVERS, CELESTE M	
STREET ADDRESS	330 MYRTICE AVENUE, #67	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SILVERS, JOHN N	
STREET ADDRESS	330 MYRTICE AVE #67	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Sec, Treas R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Celeste Silvers	
STREET ADDRESS	PO Box 540806	
CITY-ST-ZIP	Merritt Island FL 32954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Celeste M. Silvers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00 (321) 454 4561
Date Daytime Phone #

CR2E034 (9/99)