

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035578

1. Entity Name

DAVID A. SILVERMAN, P.A.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90007 042 \*\*\*150.00

Principal Place of Business

973 STREAMLET AVE.  
 SEBASTIAN FL 32958

Mailing Address

973 STREAMLET AVE.  
 SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2548684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERMAN, DAVID A  
 973 STREAMLET AVE.  
 SEBASTIAN FL 32958

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.

SIGNATURE:

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

(NOTE: Registered Agent signature required when resigning)

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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	SILVERMAN, DAVID A
STREET ADDRESS	973 STREAMLET AVE.
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	<input type="checkbox"/> Delete
NAME	SILVERMAN, MARTHA B
STREET ADDRESS	973 STREAMLET AVE
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	<input type="checkbox"/> Delete
NAME	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*David A. Silverman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

1-800-330-6439

Display Phone #

David A Silverman  
973 Streamlet Ave  
Sebastian, FL 32958  
1-800-330-6439

Attachment  
D# P9700603578  
BOX 01659

July 27, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Please find enclosed;

- 1, Copy of our original filed Uniform Business Report (UBR) for 2001 and;
- 2, Replacement Check in the amount of \$ 150.00.

Per our review of our bank records, we find that our original check for \$ 150.00 sent with our original UBR was never cashed and is still outstanding. We have voided the original check.

Please accept our replacement check of \$ 150.00 in place of the lost original together with a signed copy of the lost original UBR.

Respectfully

  
David A. Silverman