2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000035578

Mailing Address

1. Entity Name

DAVID A. SILVERMAN, P.A.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90276 028 ***150.00

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Principal Place of Business 973 STREAMLET AVE. SEBASTIAN FL 32958	973 STREAMLET AVE. SEBASTIAN FL 32958 3. Mailing Address						
2. Principal Place of Business							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES Applied For			
City & State	City & State		4. FEI Number 59-2548684 Not Applicable				
Zip Country	Zip Country		5. Certificate of Status Desired Status Desired Fee Required				
	Pagistered Agent		7. Name and Address of New	Registered Agent			
6. Name and Address of Current	Registered Agotti	Name					
SILVERMAN, DAVID A ;		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
973 STREAMLET AVE.							
SEBASTIAN FL 32958		City		ГЬІ	p Code		
No. of the second secon		internal office or region	stered agent, or both, in the State of	Florida. I am familiar	with, and accept		
8. The above nation entity sublights this statement for the statement of t		registered office of registered Agent signature rec		DATE			
SIGNATURE Signature, typed or printed name of registered agen	t and title it applicable.				AT 00 T		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			 9. Election Campaign Trust Fund Contribution 	~ ~	\$5.00 May Be Added to Fees		
Make Check Payable to Florida Department	of State		ADDITIONS/CHANGES TO (DEFICERS AND DIRE	CTORS IN 11		
10. OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES 191		Channe Addition č		
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	1 (1) (27-2) (12 (27-2) (1-27-2) (1-27-2)	CITY-ST-ZIP	11. 0-11-110 07/0V/) Elorido Stat	tutes. I further certify	that the information		
city-st-zip 12. I hereby certify that the information supplied	with this filing does not qualify	r for the exemption states at my signature shall hav	d in Section 119.07(3)(i), Florida State the same legal effect as if made u	inder oath; that I am a	an officer or director		

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR