

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 044 ***150.00

DOCUMENT # **P970000910935**

1. Entity Name

BRIAN SILVERNAIL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1215 "B" ROAD

3. Mailing Address

PO BOX 25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

Zip

33470

Country

PAIM BCH

Zip

33470

Country

PAIM BEACH

4. FEI Number

65-0796327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

THEODORE P. WOOD

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

6511 SW 15TH CT

City

POMPANO

FL

Zip Code

33068

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P, V. T. S. D. C. M.**
NAME **BRIAN SILVERNAIL**
STREET ADDRESS **PO BOX 25**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Brian Silvernail**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 **561-790-1325**
Date Daytime Phone #