

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90096 042 \*\*\*150.00

**DOCUMENT # P98000018334**

1. Entity Name  
**SILCOX, KIDWELL, & ASSOCIATES, INC.**



Principal Place of Business  
**1802 E BUSCH BLVD  
TAMPA FL 33674**

Mailing Address  
**PO BOX 8807  
TAMPA FL 33674**



2. Principal Place of Business

**1802 E. Busch Blvd.**

3. Mailing Address

**1802 E. Busch Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Tampa, FL**

City & State

**TAMPA, FL**

4. FEI Number **59-3497092**

Applied For

Not Applicable

Zip

Country

**33612 Hillsb.**

Zip

Country

**33612 Hillsb.**

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

**SILCOX, ERNEST S III  
6506 N FLORIDA AVE  
STE 102  
TAMPA FL 33604**

Name **Silcox, ERNEST S. III**

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

**1802 E. Busch Blvd.**

City **TAMPA**

FL

Zip Code **33612-8664**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ernest S. Silcox III** **ERNEST S. SILCOX, III Pres.** **1-13-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** ☐ Delete  
NAME **KIDWELL, PAUL D**  
STREET ADDRESS **1802 E BUSCH BLVD**  
CITY-ST-ZIP **TAMPA FL 33674**

TITLE **VR CFO** ☒ Change ☐ Addition  
NAME **Kidwell, Paul D.**  
STREET ADDRESS **1802 E. Busch Blvd.**  
CITY-ST-ZIP **Tampa, FL 33612-8664**

TITLE **PD** ☐ Delete  
NAME **SILCOX, ERNEST S III**  
STREET ADDRESS **1802 E BUSCH BLVD**  
CITY-ST-ZIP **TAMPA FL 33674**

TITLE **P.** ☒ Change ☐ Addition  
NAME **Silcox, ERNEST S. III**  
STREET ADDRESS **1802 E. Busch Blvd.**  
CITY-ST-ZIP **Tampa, FL 33612-8664**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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: **Ernest S. Silcox III** **ERNEST S. SILCOX, III** **1-13-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)