

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90786 017 ***150.00

DOCUMENT # P98000068207

1. Entity Name
U.S. SILVER, INC.



Principal Place of Business
**6320 ST AUGUSTINE RD
STE 6-B
JACKSONVILLE FL 32217
US**

Mailing Address
**6320 ST AUGUSTINE RD
STE 6-B
JACKSONVILLE FL 32217
US**

10036484



2. Principal Place of Business
1910 Wells Road

3. Mailing Address
1910 Wells Road

Suite, Apt. #, etc.
Suite D05A

Suite, Apt. #, etc.
Suite D05A

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip
32073

Country
Clay

Zip
32073

Country
Clay

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3524230**

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

**ILANLOU, JAMSHID
6320 ST AUGUSTINE RD
STE 6-B
JACKSONVILLE FL 32217**

Name **Jamshid Ilanlou**
Street Address (P.O. Box Number is Not Acceptable)
1910 Wells Road, Suite D05A
City **Orange Park** FL Zip Code **32073**

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

Jamshid Ilanlou
(NOTE: Registered Agent signature required when reinstating)

01/31/03
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 NAME STREET ADDRESS CITY-ST-ZIP	P ILANLOU, JAMSHID 10635 SCOTT MILL RD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Jamshid Ilanlou*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/03 (904) 269-7727
Date Daytime Phone #

CR2E034 (10/02)