

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097472

1. Entity Name

SILVA MARKETING, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90011 041 \*\*\*150.00

Principal Place of Business

Mailing Address

10050 84TH WAY N.  
 LARGO FL 33777

10050 84TH WAY N.  
 LARGO FL 33777-1823

2. Principal Place of Business

3. Mailing Address

6161 GULFWINDS DR.

6161 GULFWINDS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#142

#142

City & State

City & State

ST. PETE BEACH

ST. PETE BEACH

Zip

Country

Zip

Country

33706

33706



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

DA SILVA, ADRIAN M  
 10050 84TH WAY N.  
 LARGO FL 33777

Name

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

6161 GULFWINDS DR.

#142

City

ST. PETE BEACH

FL

Zip Code

33706

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)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 D ☐ Delete  
 NAME DA SILVA, ADRIAN M  
 STREET ADDRESS 10050 84TH WAY N.  
 CITY-ST-ZIP LARGO FL 33777

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

TITLE D ☒ Delete  
 NAME PATTON, ELAINE  
 STREET ADDRESS 10050 84TH WAY N.  
 CITY-ST-ZIP LARGO FL 33777

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 the empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2000 (72)367-4582  
 Date Daytime Phone #

CR2E034 (9/99)