

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90267 037 ***150.00

DOCUMENT # P98000097472

1. Entity Name
SILVA MARKETING, INC.



Principal Place of Business
**6161 GULFWINDS DR
#142
SAINT PETERSBURG BEACH FL 33706**

Mailing Address
**6161 GULFWINDS DR
#142
SAINT PETERSBURG BEACH FL 33706**



2. Principal Place of Business
6011 BAHIA DEL MAR BLVD

3. Mailing Address
6011 BAHIA DEL MAR BLVD.

Suite, Apt. #, etc.
#157

Suite, Apt. #, etc.
#157

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33715

Country
USA

Zip
33715

Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DA SILVA, ADRIAN M
6161 GULFWINDS DR
#142
SAINT PETERSBURG BEACH FL 33706**

7. Name and Address of New Registered Agent

Name **DA SILVA, ADRIAN M.**
Street Address (P.O. Box Number is Not Acceptable)
**6011 BAHIA DEL MAR BLVD.
#157**
City **ST. PETERSBURG** FL Zip Code **33715**

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

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

TITLE **D** ☐ Delete
NAME **DA SILVA, ADRIAN M**
STREET ADDRESS **1819 S. SHORE DR., #205**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6011 BAHIA DEL MAR BLVD. #157**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33715**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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:

ADRIAN M. DA SILVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 727-864-0756
Date Daytime Phone #

CR2E034 (10/02)