

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90229 039 \*\*\*150.00

**DOCUMENT # P99000040172**



1. Entity Name  
**CAROL A. SILVERMAN, RN., CONSULTANT TO ATTORNEYS  
, INC.**

Principal Place of Business  
**5260 S. LANDING DRIVE. #1308  
FORT MYERS FL 33919**

Mailing Address  
**5260 S. LANDING DRIVE. #1308  
FORT MYERS FL 33919**

2. Principal Place of Business  
**SEE ABOVE**

3. Mailing Address  
**SEE ABOVE**

City & State

City & State

4. FEI Number **65-0914005**

Applied For  
Not Applicable

Zip Country

Zip Country

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**

**SILVERMAN, CAROL A  
5260 S. LANDING DRIVE #1308  
FORT MYERS FL 33919**

Name

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

City

**FL**

Zip Code

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 **Carol A. Silverman**

**2/13/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D SILVERMAN, CAROL A 5260 S. LANDINGS DRIVE #1308 FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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:

**CAROL A. SILVERMAN**

**2/13/03 239 432 9697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)