

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S89547

1. Entity Name

SILVER SEITZ, INC.

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90010 018 \*\*\*150.00

Principal Place of Business

Mailing Address

17000 PATTERSON ROAD  
ODESSA FL 33556  
US

19200 MIDDLETOWN RD.  
PARKTON MD 21120-9693  
US

608733

2. Principal Place of Business

17001 Patterson Rd

3. Mailing Address

Suite, Apt. #, etc.

421 Target Way

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

4. FEI Number

65-0283941

Applied For

Not Applied

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

PHILLIPS, JERRY R.  
17000 PATTERSON RD. #14  
ODESSA FL 33556

Name

SAME

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

17001 Patterson Rd

421 Target Way

City

Odessa

FL

Zip Code

33556

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 P ☐ Delete  
NAME PHILLIPS, JERRY REESE  
STREET ADDRESS 17000 PATTERSON RD.  
CITY-ST-ZIP ODESSA FL

TITLE ☐ Change ☐ Addition  
NAME Phillips Jerry Reese  
STREET ADDRESS 17001 Patterson Rd  
CITY-ST-ZIP Odessa, FL 33556

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 like empowered.

SIGNATURE:

Jerry R. Phillips  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-920-6903  
1-11-2000 410-329-6801