2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20340

1. Entity Name

SILKS PLUS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90113 004 ***150.00

Principal Place of Business	Mailing Address
16440 S TAMIANI FT. MYERS FL 33908 US	16440-8 TAMIAMI TAL. FT. MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 24181-3 TAMIAMI TL	3. Mailing Address: 24181-TAMIAMI TL
Suite, Apt. #, etc.	Suite, Apt. #, etc. #3
City & State: BONITA SPRINGS FL.	City & State: BONITA SPRING FL
Zip: 330 34134 Country: USA	Zip: 34134 Country: USA

4. FEI Number 59-2702311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER SMITH, KIMBRA
20561 GROVELINE COURT
ESTERO FL 33928

7. Name and Address of New Registered Agent

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.

SIGNATURE [signature] 4-19-00
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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, JEFFERY R.		NAME	
STREET ADDRESS	20561 GROVELINE COURT		STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL		CITY-ST-ZIP	
TITLE	VSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, KIMBRA		NAME	
STREET ADDRESS	20561 GROVELINE COURT		STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)