FILED
Jun 29, 2001 8:00 am
Secretary of State
05-30-2001 90031 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 617204

1. Entity Name
SILVER RIVER CORPORATION

Principal Place of Business	Mailing Address
38340 ECHOLS RD.	PO BOX 350278
GRAND ISLAND, FL 32735	GRAND ISLAND, FL 32735

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
38340 ECHOLS ROAD	P.O. BOX 350278
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GRAND ISLAND, FL	City & State: GRAND ISLAND, FL
Zip: 32735 Country: USA	Zip: 32735 Country: USA

4. FEI Number: 59-1902191 ☐ 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
GRAHAM, LYLE M ~~P.O. BOX 350278~~ 38340 ECHOLS ROAD GRAND ISLAND, FL 32735	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 200 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GRAHAM, LYLE M 38340 ECHOLS RD. GRAND ISLAND, FL 32735	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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] LYLE M GRAHAM 5-24-2001 530-318-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #