

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 38340 ECHOES RD. GRAND ISLAND, FL 32735	Mailing Address P.O. BOX 350278 GRAND ISLAND, FL 32735
2. Principal Place of Business 38340 ECHOES ROAD	3. Mailing Address P.O. BOX 350278
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State GRAND ISLAND, FL	City & State GRAND ISLAND, FL
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 GRAHAM, LYLE M P.O. BOX 350278 38340 ECHOES ROAD GRAND ISLAND, FL 32735	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT GRAHAM, LYLE M 38340 ECHOES RD. GRAND ISLAND, FL 32735	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Lyle M. Graham 5-24-2001 530-318-1791 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	