

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90008 031 ***150.00

DOCUMENT # 617204

1. Entity Name

SILVER RIVER CORPORATION

Principal Place of Business

**38340 ECHOLS ROAD
 GRAND ISLAND FL 32735**

Mailing Address

**P. O. BOX 350278
 GRAND ISLAND FL 32735**

2. Principal Place of Business

38340 ECHOLS ROAD
 Suite, Apt. #, etc.

3. Mailing Address

APARTADO 2-3007
 Suite, Apt. #, etc.

City & State

LEESBURG, FL

Zip
34788

Country
USA

City & State

SAN JOAQUIN HEREDIA

Zip
91101

Country
COSTA RICA

4. FEI Number

59-1907191

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
 38340 ECHOLS RD.
 GRAND ISLAND FL 32735**

7. Name and Address of New Registered Agent

Name **GRAHAM, LYLE M**
 Street Address (P.O. Box Number is Not Acceptable)
38340 ECHOLS ROAD
 City **LEESBURG** **FL** Zip Code **34788**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-2002

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, 2002 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

TITLE **P** ☐ Delete
 NAME **GRAHAM, LYLE M**
 STREET ADDRESS **38340 ECHOLS RD.**
 CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

1-7-2002

Date

352-589-7259

Daytime Phone #

CR2E034 (9/01)