

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645692

#1. Entity Name

SILVER QUEEN INC.

Principal Place of Business

Mailing Address

730 N. INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770
US730 N. INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770-2020
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1947593

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

ARBUTINE, MILLER B.
730 NORTH INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770

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 renewing)

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 State10. 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	DP	☐ Delete
NAME	ARBUTINE, MILLER B.	
STREET ADDRESS	730 N. INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	ST	☐ Delete
NAME	ARBUTINE, PATRICIA	
STREET ADDRESS	730 N. INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	VP	☐ Delete
NAME	ARBUTINE, GREGORY M.	
STREET ADDRESS	730 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	VP	☐ Delete
NAME	ARBUTINE, CHRISTOPHER S.	
STREET ADDRESS	730 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	VP	☐ Delete
NAME	ARBUTINE, JAYSON B.	
STREET ADDRESS	730 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	☒ Change ☐ Addition
NAME	MILLER ARBUTINE	
STREET ADDRESS	730 N. Indian Rocks Rd	
CITY-ST-ZIP	Belleair Bluffs, Fla. 33770	
TITLE	Patricia Arbutine	☐ Change ☐ Addition
NAME	Patricia Arbutine	
STREET ADDRESS	730 N. Indian Rocks Rd	
CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
TITLE	Gregory Arbutine	☒ Change ☐ Addition
NAME	Gregory Arbutine	
STREET ADDRESS	730 N. Indian Rocks Rd	
CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
TITLE	Christopher Arbutine	☒ Change ☐ Addition
NAME	Christopher Arbutine	
STREET ADDRESS	730 N. Indian Rocks Rd	
CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
TITLE	Jayson B. Arbutine	☐ Change ☐ Addition
NAME	Jayson B. Arbutine	
STREET ADDRESS	730 N. Indian Rocks Rd	
CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
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:

Patricia L. Arbutine

Patricia L. Arbutine

Charmay 4/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90146 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)