2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 680209 SILVER MOUNTAIN FARMS, INC. 04-24-2001 90005 007 ***150.00 Principal Place of Business Mailing Address % R. A. RILEY % R A RILEY P.O. BOX 398 P.O. BOX 398 643191 FROSTPROOF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2025700 Not Applicable Zip Country Zip Country -----\$8.75 Additional 5. Certificate of Status Desired ----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RILEY, R.A. Street Address (P.O. Box Number is Not Acceptable) U.S. 27-A SOUTH FROSTPROOF FL 33843 City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME MOREY, SARAH R STREET ADDRESS STREET ADDRESS 1230 ALBERTA STREET CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL 00000 ☐ Delete TITLE ☐ Addition TITLE 19403 Navios V Drive Huntsville Al 35803 NAME NAME RILEY, EUGENE S STREET ADDRESS STREET ADDRESS 1013 ARNOLD RD CITY-ST-ZIP CITY-ST-ZIP MADISON*AL 35758 TITLE PTD ☐ Delete TITLE Change ☐ Addition NAME RILEY, R A STREET ADDRESS STREET ADDRESS 1330 US 27-A SOUTH CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF, FL 00000 ☐ Delete Change Addition NAME NAME RILEY, R A JR STREET ADDRESS STREET ADDRESS 100 BROAD ST CITY-ST-ZIP CITY-ST-ZIP CLEMSON SC TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME RILEY, VIOLA STREET ADDRESS STREET ADDRESS 1330 US 27-A SOUTH CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL ☐ Delete TITLE ☐ Change ☐ Addition 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.

ICER OR DIRECTOR

SIGNATURE:

RARile

4-16-01

863-635-3187

Daytime Phone #