2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **F94000004256** SILVERWOOD DEVELOPMENT CORPORATION 01-19-2000 90296 026 ***150.00 Principal Place of Business Mailing Address 801 LINO LAGO DRIVE 801 UNO LAGO DRIVE SULUAU JUNO BEACH FL 33408 JUNO BEACH FL 33408-2680 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-1681573 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLOMON II, J C Street Address (P.O. Box Number is Not Acceptable) 801 UNO LOGO DR JUNO BEACH FL 33408 Zip Code City FΙ 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change TITLE. SOLOMON, J C II NAME NAME STREET ADDRESS STREET ADDRESS 801 UNO LAGO DR CITY-ST-ZIP CITY-ST-7IP JUNO BEACH FL 33408 Change Addition VSTD TITI F ☐ Delete TITLE GRAZIOTTO, RAYMOND E NAME NAME STREET ADDRESS STREET ADDRESS 801 UNO LAGO DR CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Delete TITLE ☐ Change ▼ Addition TITLE WILLIAM E. TAYLOR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS 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.

William E. Taylor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR