2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41244

1. Entity Name

SIGNATURE:

SILGO INTERNATIONAL, INC.

FILED Apr 13, 2000 8:00 am Secretary of State 04-13-2000 90115 029 ***150.00

822 0457

S200 CENTRAL AVENUE S1. PETERSBURG FL 33701-1834 Principal Place of Business Sule, Apt. #, etc. Sule, Apt. #, etc. Sule, Apt. #, etc. Sule, Apt. #, etc. Cly & State Cly & St	rincipal Plac	ce of Business	Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	RICHARD A. ZACUR ☑ CENTRAL AVENUE . PETERSBURG FL 33707		5200 CENTRAL AVENUE			į.						
City & State City & State City & State Country Countr	. Principal F	Place of Business	3. Mailing Address									
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ZIP Country Zip Country 5. Confidence of Status Desired \$8.75 Additing \$8.75 Additing \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) File New Registered Agent 7. Name and Add	City & Stat	te	City & State			4. FE	1 Number	59-23895	 54	—	Applied For	
6. Name and Address of Current Registered Agent ZACUR, RICHARD A. \$200 CENTRAL AVENUE \$1. PETERSBURG FL City FL City FL Zip Code 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. GNATURE Signalure, typed or pursue neme of registered agent and still of applications. (NOTE: Registered Agent spiralure required with menalizary) DATE This corporation is eligible to satisfy its Immangible Tax tilling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS LE SAUNDERS, TERRANCE J. STATE ADDRESS TY-51-2P SUBJECT ADDRESS STATE TREET NO., # 1 STATE ADDRESS STATE TREET NO., # 1 STATE ADDRESS STATE TREET NO., # 1 STATE ADDRESS CITY-51-2P LE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTE NAME STREET ADDRESS CITY-51-2P LE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTE NAME STREET ADDRESS CITY-51-2P LE ADDRESS CITY-51-2P LE ADDRESS CITY-51-2P LE ADDRESS CITY-51-2P Change REST ADDRESS CITY-51-2P LE ADDRESS CITY-51-2P LE ADDRESS CITY-51-2P Change	Zip	Country	Zip	Coun	try	5. Ce	ertificate of	Status Desired		\$8.75 A	dditional	
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TY-ST-ZIP CITY-ST-ZIP 3. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	_		tale about filling of an end of colling		<u></u>	in Continu 1	10.07(2)(i)	Elorido Statuta	e I further or	ortify that the	n information	
4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 173 and the state of the corporation 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 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 B	indicated	d on this report or supplemental repor	t is true and accurate and that	t mv siana	iture shall have	the same le	gal effect	as if made undi	er oath; that I	i am an οπις:	er or alrector	