2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J48850 **DOCUMENT #**

1. Entity Name

SILVER LAKES I, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90227 038 ***150.00

| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | | | | | | |
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| City & State Country Country Country Country Country S. Coun | 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 8. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Status Desired Country S. Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the or origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent on the state of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered agent, or both, in the State of Foorda. Tam lamillar with, and accept the origination of registered a | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
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| SIMMONS, DAVID H 332 N. MAGNOLIA AVE ORLANDO FI. 32801 City FL Zip Code City FL Added to Fees Added to Fees City | Zip | Country | Zip | Coul | ntry | 5. Certificate of Status Desired | | | |
| SIMMONS, DAVID H 332 N. MAGNOLÍA AVE ORLANDO FI. 32801 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sequent hose or priger norm of ingestered agent and title if applicable. (NOTE Registered Agent dignature required enter entitle entitl | | 6. Name and Address of Curren | Registered Agen | t | <u> </u> | 7. Name and Address of New Regis | tered Agent | | |
| 332 N. MAGNOLÍA AVE ORLANDO FI. 32801 City FL Zip Code 6. The above furified entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept into obligations of registered agent, or both, in the State of Florida. | week the Mark of | | | | Name | | | | |
| E. 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. I am familiar with, and accept ine obligations of registered agent. SIGNATURE SIGNATURE | The state of the s | | | Street Address (| | P.O. Box Number is Not Acceptable) | | | |
| 8. The above named entity, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | ORLANDO | FL 32801 | | | | , | | | |
| Into obligations of registered agent. SIGNATURE Spragin hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent dignature required when reinstaicing) Title NOW!!! FEE IS \$150.00 15. After May 1, 2003 Fee will be \$550.00 Mayle Check Payable to Florida Department of State 10. | ٠٠٠ هـ | | | | City | | FL Zip Cod | e | |
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| ### FILE :NOW!!! FEE IS \$150.00 #### Check Payable to Florida Department of State ### May 1, 2003 Fee will be \$550.00 #### Check Payable to Florida Department of State ### Delete | SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 10. | FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | | | | | , • | ng \$5.0 Added | 0 May Be I to Fees | |
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I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WRE REQUIATTY) W. Nelson, Treasurer 4,22,08 Date

Daytime Phone #