

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90455 001 *1,200.00

DOCUMENT # L01000004088

1. Entity Name

SILVERSTREAM SERVICES LLC

Principal Place of Business

**1591 E. ATLANTIC BLVD.
SUITE 200
POMPANO BEACH FL 33060**

Mailing Address

**1591 E. ATLANTIC BLVD.
SUITE 200
POMPANO BEACH FL 33060**

2. Principal Place of Business

Annesley House, Rectory Rd.

Suite, Apt. #, etc.

N. Fambridge

City & State

Chelmsford, Essex

Zip

Country

UK

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLTON MANAGEMENT, INC.
1591 EAST ATLANTIC BLVD.
SUITE 200
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RAYNER, RONALD
N. FAMBRIDGE, CHELMSFORD ANNESLEY HOUSE
ESSEX, UNITED KINGDOM** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RAYNER, SYLVIA G
N. FAMBRIDGE, CHELMSFORD ANNESLEY HOUSE
ESSEX, UNITED KINGDOM** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)