

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 29, 2001 8:00 am
Secretary of State

05-10-2001 90208 003 ***150.00

DOCUMENT # **PD00000035446**

1. Entry Name

Silvercoast Waffles Inc.
Larry N Campbell
211 Teal Lane Tall. Fl. 32308

Principal Place of Business

Mailing Address

Tall. Fl.

211 Teal Lane
32308

2. Principal Place of Business

211 Teal Lane
 Suite, Apt. #, etc.

3. Mailing Address

211 Teal Lane
 Suite, Apt. #, etc.

City & State

Tall. Fl.
32308

Country

Leon

City & State

Tall. Fla.
32308

Country

Leon

4. FEI Number

59-3640253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President**
 NAME **Larry Nelson Campbell**
 STREET ADDRESS **211 Teal Lane**
 CITY-ST-ZIP **Tallahassee FL. 32308**

☐ Delete

TITLE **Vice President**
 NAME **Jolie L. Campbell**
 STREET ADDRESS **211 Teal Lane**
 CITY-ST-ZIP **Tallahassee FL. 32308**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry N Campbell President

Date

4/28/1

Daytime Phone

850-878-2372

CR2E034 (11/00)