

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90061 028 ***150.00

DOCUMENT # P00000065694

1. Entity Name
SILVER KING PROPERTY RESOURCES, INC.



Principal Place of Business
**4155 SOUTH SUNCOAST BLVD.
SUITE C
HOMOSASSA FL 34448**

Mailing Address
**4155 SOUTH SUNCOAST BLVD.
SUITE C
HOMOSASSA FL 34448**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5297 S. Cherokee Way
Suite, Apt. #, etc. **Suite 101**

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Homosassa, FL
Zip **34448** Country **Citrus**

City & State
Zip Country

4. FEI Number **59-3656923**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAND, RALPH L IV
4155 SOUTH SUNCOAST BLVD.
SUITE C
HOMOSASSA FL 34448**

7. Name and Address of New Registered Agent

Name **Ralph L. Rand IV**
Street Address (P.O. Box Number is Not Acceptable) **5297 S. Cherokee Way**
Suite 101
City **Homosassa** **FL** Zip **34448**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ralph L. Rand IV**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAND, RALPH L IV 4155 S SUNCOAST BLVD, SUITE C HOMOSASSA FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5297 S. Cherokee Way Suite 101 Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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
Ralph L. Rand IV

03/03/03
Date

Daytime Phone #

CR2E034 (10/02)