

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000086879**1. Entity Name
SILVEREYE, INC.**Principal Place of Business**

12307 TWIN BRANCH ACRES ROAD

TAMPA
336264432

FL

Mailing Address

12307 TWIN BRANCH ACRES ROAD

TAMPA
336264432

FL

2. Principal Place of Business

1441 EAST FLETCHER AVENUE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 402, SECOND FLOOR

Suite, Apt. #, etc.

City & State

TAMPA

FL

City & State

Zip

33612

Country

Zip

Country

4. FEI Number**59-3685249**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWHIP N SPUR CATALOG AND TACK SHOP, INC.
14434 N. DALE MABRY HWY.TAMPA
33618

US

FL

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 **MARY ANN O'KEEFFE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/22/2001

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	D	<input type="checkbox"/> Delete
NAME	ARIAS EDITH	
STREET ADDRESS	4819 SIERRA MADRE DRIVE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ JONATHAN	
STREET ADDRESS	12505 RAWHIDE DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALQUEZ DAVID	
STREET ADDRESS	12508 BRONCO DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	O ANDREAS	
STREET ADDRESS	12307 TWIN BRANCH ACRES ROAD	
CITY-ST-ZIP	TAMPA FL 336264432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ JASON	
STREET ADDRESS	12509 RAWHIDE DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ JONATHAN	
STREET ADDRESS	12509 RAWHIDE DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEEFFE ANDREAS	
STREET ADDRESS	12307 TWIN BRANCH ACRES ROAD	
CITY-ST-ZIP	TAMPA FL 336264432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Andreas O'Keeffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V

01/22/2001

Date

Daytime Phone #

CR2E034 (11/00)