

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000086879

FILED
Jan 08, 2002 8:00 AM
Secretary of State

Entity Name: SILVEREYE, INC.

Current Principal Place of Business:

1441 EAST FLETCHER AVENUE
SUITE 402, SECOND FLOOR
TAMPA, FL 33612

New Principal Place of Business:

12509 RAWHIDE DR
TAMPA, FL 33626

Current Mailing Address:

12307 TWIN BRANCH ACRES ROAD
TAMPA, FL 336264432

New Mailing Address:

12509 RAWHIDE DRIVE
TAMPA, FL 33626

FEI Number: 59-3685249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIP N SPUR CATALOG AND TACK SHOP, INC.
14434 N. DALE MABRY HWY.
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

MARTINEZ, JASON A
12509 RAWHIDE DR.
TAMPA, FL 33626 US

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: JASON MARTINEZ

01/08/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, JASON
Address: 12509 RAWHIDE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VSTD (X) Delete
Name: O'KEEFFE, ANDREAS
Address: 12307 TWIN BRANCH ACRES ROAD
City-St-Zip: TAMPA, FL 336264432

Title: D (X) Delete
Name: FALQUEZ, DAVID
Address: 12508 BRONCO DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: MARTINEZ, JONATHAN
Address: 12509 RAWHIDE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: ARIAS, EDITH
Address: 4819 SIERRA MADRE DRIVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, JASON
Address: 12509 RAWHIDE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON MARTINEZ

P

01/08/2002

Electronic Signature of Signing Officer or Director

Date