

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90107 012 ***150.00

DOCUMENT # P01000095410

1. Entity Name
SILVER TERRACE 2, INC.

Principal Place of Business

Mailing Address

~~P O BOX 5667~~
~~DELTONA FL 32728~~

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~~DELTONA FL 32728~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **PO Box 5667**

3. Mailing Address **PO Box 5667**

Suite, Apt. #, etc.

City & State **Deltona FL**

4. FEI Number **59-3748949**

Zip **32728** Country **USA**

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

~~ARMSTRONG, DENNIS~~
~~1109 DIPLOMAT DR #J103~~
~~DEBARY FL 32719~~

Name **Dennis Armstrong**
 Street Address (P.O. Box Number is Not Acceptable) **376 Providence Blvd**
 City **Deltona** FL Zip Code **32728**

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 **Dennis Armstrong** DATE **4-29-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMSTRONG, DENNIS- 1109 DIPLOMAT DR #J103 DEBARY FL 32719	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Dennis Armstrong PO Box 5667 Deltona, FL 32728
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dennis Armstrong** DATE **4-29-2002** Daytime Phone # **386 668 0855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)