

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008436

1. Entity Name
SILVER CLOUD CHARTERS, INC.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90172 015 ***150.00

Principal Place of Business
505 S FLAGLER DR
STE 1450
WEST PALM BEACH FL 33401
US

Mailing Address
505 S FLAGLER DR
STE 1450
WEST PALM BEACH FL 33401
US

00010100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0643761

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHAUNCEY, HARRISON K
241 BRADLEY PLACE
PALM BEACH FL 33480

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, 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 CD DREYFOOS, ALEX W JR ☐ Delete
STREET ADDRESS 505 S. FLAGLER DRIVE., STE 1450
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME DPT MURRAY, DICKRON E. ☐ Delete
STREET ADDRESS 505 S. FLAGLER DRIVE., STE 1450
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME DS CHAUNCEY, HARRISON K JR. ☐ Delete
STREET ADDRESS 241 BRADLEY PLACE
CITY-ST-ZIP PALM BEACH FL 33480

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME DVS DREYFOOS, RENATE E ☐ Delete
STREET ADDRESS 505 S. FLAGLER DR. STE 1450
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Renate E. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
Date

561 650 0102
Daytime Phone #

CR2E034 (9/01)