

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000059618

FILED
Apr 04, 2002 8:00 AM
Secretary of State

Entity Name: FOG SILVER SPRINGS, INC.

Current Principal Place of Business:

1745 W FLETCHER
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1745 W. FLETCHER AVE.
TAMPA, FL 33064 US

New Mailing Address:

FEI Number: 59-3261387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK O. HACKNER
1745 W. FLETCHER AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

RICE, MICHAEL P
1745 W. FLETCHER AVE.
TAMPA, FL 33612 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: MICHAEL P. RICE

04/04/2002

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: D (X) Delete
Name: HACKNER, MARK O
Address: 1745 W FLETCHER
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: RICE, MITCHELL F
Address: 1745 W FLETCHER
City-St-Zip: TAMPA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D,P (X) Change () Addition
Name: RICE, MITCHELL F
Address: 1745 W FLETCHER
City-St-Zip: TAMPA, FL

Title: VP () Change (X) Addition
Name: RICE, MICHAEL P
Address: 1745 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

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: MICHAEL P. RICE

VP

04/04/2002

Electronic Signature of Signing Officer or Director

Date