## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2001 8:00 am Secretary of State DOCUMENT # P95000053777 SILVERSHORES ESTATES, INC. 03-15-2001 90001 023 \*\*\*150.00 Principal Place of Business Mailing Address 620 BAYSHORE DRIVE 620 BAYSHORE DRIVE SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0674737 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEYER, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) **RT. 5 BOX 8** BIG PINE KEY FL 33043 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE REITER, WERNER NAME NAME STREET ADDRESS 620 BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition -TITLE" = " Delete\* -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

GNATURE AND TYPED OR PRINTED WIFE OF SIGNING OFFICER OR DIRECTOR

3-10-01

Daytime Phone #

CR2EO