2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000088370 May 09, 2000 8:00 am Secretary of State 1. Entity Name SILVER BAY ENTERPRISES INC. 04-14-2000 90103 006 ***150.00 Principal Place of Business Mailing Address P.O. Box 91, 1840 Pear 1000 - Polkety, 78. 1118 JEFFREY ST. P.O .: BOX 121-BLOUNSTOWN FL- 32424 BLOUNTSTOWN FL 33068-0091 us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1840 Peace Red 1,6. 4. FEI Number Applied For City & State 59-3348472 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1840 Pearce Rd. P.O. Box 91 DREWS, RAY Street Address (P.O. Box Number is Not Acceptable) 1118 JEFFREY STREET BLOUNTSTOWN FL 32462 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 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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. CR2E034 (9/99) Addition TITLE TITLE 1840 Peaceful P. O NAME DREWS, RAY NAME : 1840 Pearce Rd 4118 JEFFREY ST, P.O. BOX 121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BLOUNTSTOWN FL 32424 ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Trile Delete NAME NASAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Ray allen Drews

863-984-