

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075610

1. Entity Name
D'OR ET ARGENT RESERVES, INC.

Principal Place of Business

Mailing Address

9410 N. ORLANDO AVENUE
TAMPA FL 33614

9410 N. ORLANDO AVENUE
TAMPA FL 33614

1220 E Prospect #208
Melbourne FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GREEN, EDWARD J.	
STREET ADDRESS	150 ROCKET LANE #343	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GREEN, LINDA	
STREET ADDRESS	150 ROCKET LANE #343	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREEN, KEITH EDWARD	
STREET ADDRESS	140 LEE ROAD	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALTON SPENCER SILKIE	
STREET ADDRESS	12202 N. 22ND	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Joseph McConnell Dean
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 April 01

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-17-2001 90035 022 ****70.00

04-19-2001 90034 039 ***158.75

949262



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3436468

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (10/00)