## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 28, 2001 8:00 am DOCUMENT # **P97000009591 Secretary of State** 1. Entity Name SILAS BEACH, INC. 02-28-2001 90086 021 \*\*\*150.00 Principal Place of Business Mailing Address 612 S. GREENWOOD AVE. 612 S. GREENWOOD AVE. CLEARWATER FL 33756 CLEARWATER FL 33756 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3423276 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REGISTERED CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 612 S. GREENWOOD AVE. CLEARWATER FL 33756 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. SR2E034 (10/00) TITLE TITLE Addition ☐ Delete NAME GATEWOOD, SILAS C III NAME STREET ADDRESS STREET ADDRESS 1788 OVERBROOK AVENUE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP TITLE ■ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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 wiff all other like empowered.

F OF SIGNING OFFICER OR DIRECTOR

**FILED**