

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-30-2008 91614 001 ***750.00
FILED P98000014018
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -7 PM 4:01

DOCUMENT # 91000014018

1. Entity Name

SILVER BEACH VILLAS INC
1015 S. A

DO NOT WRITE IN THIS SPACE

90412

2. Principal Place of Business

1015 S. ATLANTIC AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

32118

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

W. ROBERT HBY

Street Address (P.O. Box Number is Not Acceptable)

1015 S. ATLANTIC AVE

City

DAYTONA BEACH

FL

Zip Code

32118

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D W. ROBERT HBY 1015 S. ATLANTIC AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHERYL LABOSCO 1015 S. ATLANTIC AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARIE FISK 1015 S. ATLANTIC AVE DAYTONA BEACH, FL 32118
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

CR2E034B (12/01)

6/7/02
600