

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014018			
1. Entity Name SILVER BEACH VILLAS, INC.			
Principal Place of Business 1015 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32119		Mailing Address <i>1025</i> 1045 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32119	
2. Principal Place of Business		3. Mailing Address <i>1025 SO ATLANTIC AVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3421668		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent <i>1025</i> HEY, W. ROBERT 1015 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1025 SO ATLANTIC AVE</i> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>W. Robert Hey</i> DATE <i>4-28-03</i> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when electing.)			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEY, W. ROBERT 1015 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>1025 SO. ATLANTIC AVE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABOSCO, CHERYL 1015 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32119 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISKE, MARIE 1045 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>1025 SO. ATLANTIC AVE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>W. Robert Hey</i>		Date <i>4-28-03</i> (38) 1152-9681	