## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000025717 DOCUMENT #



**FILED** Feb 14, 2003 8:00 am Secretary of State

1. Entity Name SILVER SP		OPERTY, INC.				02-14-2003 90186	5 012 ***150	).00	
Principal Place 1201 SW 17TH OCALA FL 3447	STREET	Mailing Address 1201 SW 17TH STREET OCALA FL 34474							
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FE	FEI Number 59-3437341   Applied For   Not Applicable			
Zip	Country	Zip	Count	ry		ertificate of Status Desired	\$8.75 Ad Fee Require	ditional ed	
	6. Name and Address of Curren	t Registered Agent			7. Na	ame and Address of New Register	red Agent		
	6. Name and Address of Curren	t Trogistor our rigoria		Name		•			
PENN, JOHN				Street Addres	Address (P.O. Box Number is Not Acceptable)				
OCALA FL	17TH STREET 34474		Ì		<u></u>				
,, ,,			City			-	FL Zip Co	de	
	named entity submits this statement			d office or regis	stored age	ent, or both, in the State of Florida. I	am familiar with	, and accept	
8. The above the obligation	named entity submits this statement ons of registered agent.	for the purpose of changing	its registere	d office of rogic	J. J		•		
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (N	IOTE: Registered	d Agent signature requ	uired when rei	nstating) D	ATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.	☐ Add	00 May Be ed to Fees	
		D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS			
10.	D	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	PENN, JOHN 1201 SW 17TH STREET		NAM STRE	E ET ADDRESS				Í	
CITY-ST-ZIP	OCALA FL 34474			-ST-ZIP	.,		☐ Change	e ☐ Addition	
TITLE NAME	Į.	☐ Delete	TITL NAM				,	_	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP		والمتعاصر والمتعادية و	Change	- ☐ Addition	
TITLE NAME		Delete	NAM						
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP			Chron	e 🔲 Addition	
TITLE		☐ Delete	TITL NAA				☐ Change	;	
NAME PERSON				EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				(-ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Chang	e	
NAME			NAM	1		9			
STREET ADDRESS				EET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP		Delete	TIT				☐ Chang	e Addition	
TITLE		, verele	NA						
NAME STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		<b></b>	CIT	Y-ST-ZIP				no information	

12. 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 deand 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 trusted expounded 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 bither like empowered.

SIGNATURE:

KE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #