

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077832

1. Entity Name

SILVER OVERSEAS CORPORATION

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90009 035 ***158.75

661143



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 305 N.E. 1ST STREET GAINESVILLE FL 32601 | Mailing Address 305 N.E. 1ST STREET GAINESVILLE FL 32601 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc: | 3. Mailing Address Suite, Apt. #, etc: |
|---|---|

| | | | |
|--------------|--------------|-----------------------------|------------------------------|
| City & State | City & State | 4. FEI Number 59-3470181 | Applic For Not Applicable |
| Zip | Country | Zip | Country |

| |
|---|
| 6. Name and Address of Current Registered Agent EDINGER, GARY S 305 N.E. 1ST STREET GAINESVILLE FL 32601 |
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|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. (NOT: 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MURRAY, IAN P 700-213 S.W. 16TH AVE. GAINESVILLE FL 32601 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 is 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: Ian Murray (IAN P. MURRAY) 4/30/01 (352) 338-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)