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

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

## FILED Mar 26, 2001 8:00 am DOCUMENT # P97000106117 **Secretary of State** TOMBSTONE SILVER WORKS, INC. 03-26-2001 90168 039 \*\*\*150.00 Principal Place of Business Mailing Address 405 MAIN STREET 405 MAIN STREET DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 UUU40114 2. Principal Place of Business Ilde South Brach 11do South Beach St. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3514000 Not Applicable \$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 SCIANABLO, THOMAS Street Address (P.O. Box Number is Not Acceptable) **405 MAIN STREET** DAYTONA BEACH/FL 32118 submits this sta ent for the purpose of changing its registered office or 8. The above named en SIGNATURE Signature agent and title if applicable 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE ☐ Addition TITLE SCIANABLO, THOMAS Scianablo, Thomas NAME NAME 3460 COUNTRY WALK DRIVE 5 Glen Oak Driv STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32127 CITY-ST-ZIP CITY-ST-ZIP South Daytora ☐ Delete ☐ Addition SCIANABLO, PETER NAME NAME 30 SPINNAKER CIRCLE STREET ADDRESS STREET ADDRESS **PORT ORANGE FL 32119** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this flijng 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 supplymental report is title 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 of 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 that an address, with all other like empowered.