

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA8000009127

1. Entity Name

Silver Back, Inc.

FILED

00 NOV -2 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business: 8171 Lake Serene Dr.
Orlando, FL 32836

Mailing Address

same2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip CountryREINSTATEMENT 2000

4. FEI Number

59-3499045Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Andrew Beal

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

7109-429 Yacht Basin Ave.

City

Orlando

FL

Zip Code

32835

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 date if applicable.

Andrew Beal10/14/00

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
ARISE MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPresident
Christopher A. Kirkpatrick
8171 Lake Serene Dr.
Orlando, FL 32836TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSecretary
Danielle Raabe
8171 Lake Serene Dr.
Orlando, FL 32836TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000003464950--9
-11/15/00--01101--017
****550.00 ****550.00☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000003464950--9
-11/15/00--01101--018
****200.00 ****200.00☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]