

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000074347**

1. Entity Name

SILK REFLECTIONS INC

FILED

00 JUL 24 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

HOAGLAND, SUSANNE L.
17976 38 LN N
LOXAHATCHEE, FL 33470

SAME

2. Principal Place of Business

17976 38 LN N

3. Mailing Address

17976 38 LN N

Suite, Apt. #, etc.

17976 38 LN N

Suite, Apt. #, etc.

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

4. FEI Number

65-086 1066

Applied For

Not Applicable

Zip

33470

Country

FL

Zip

33470

Country

FL

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOAGLAND, SUSANNE L.
17976 38 LN N
LOXAHATCHEE FL 33470

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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, 2000 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 **D**
NAME **HOAGLAND, SUSANNE L**
STREET ADDRESS **17976 38 LN N**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Susanne L. Hoagland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-00

Date

(561) 791 8544

Daytime Phone #

CR2E034 (9/99)