2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State P98000077855 DOCUMENT # 1. Entity Name 05-27-2002 90349 013 ***550 00 SILVER LINING VENTURES, INC. Mailing Address Principal Place of Business 2535 STATE ROAD 16 2535 STATE ROAD 16 ST AUGUSTINE FL 32092 ST AUGUSTINE FL 32092 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3537317 Not Applicable Zip Country Country \$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 Name PATEL, AMI R Street Address (P.O. Box Number is Not Acceptable) 2535 STATE ROAD 16 ST AUGUSTINE FL 32092 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. 1 Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESI DENT Change ☐ Addition ☐ Delete TITLE TITLE PATEL. RAMU S NAME NAME 2535 STATE ROAD 16 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST-7/P CITY-ST-ZIP VILE PRESIDENT ☐ Addition ☐ Delete TITLE TITLE D PATEL, SWATI R NAME NAME STREET ADDRESS 2535 STATE ROAD 16 STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST_ZIP ... CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BOARD OF DIRECTOR NAME NAME PATEL, AMI R STREET ADDRESS STREET ADDRESS 2535 STATE ROAD 16 CITY-ST-ZIP ST AUGUSTINE FL 32092 CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE NAME NAME PATEL. RAMILA R STREET ADDRESS STREET ADDRESS |2535 STATE ROAD 16 CITY-ST-ZIP ST AUGUSTINE FL 32092 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE BOARD OF DIRECTORS PATEL, SNEHAL R NAME STREET ADDRESS STREET ADDRESS 2535 STATE ROAD 16 CITY-ST-ZIP ST AUGUSTINE FL 32092 CITY-ST-ZIP Addition . ☐ Delete TITLE TITLE PATEL, JAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED