## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000104576

Mailing Address

I. Entity Name SILVER STIRRUP, INC.

Principal Place of Business



**FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90254 047 \*\*\*150.00

| 60015222  |                                   |  |  |  |  |  |  |  |  |  |
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| i 1889) dan 180 Jahun 1964) apin apin apin anggi 1960, panu anggi anggi 19919 ang 1991. |                                   |  |  |  |  |  |  |  |  |  |
| ☐ CHECK HERE IF MAKING CHANGES  |                                   |  |  |  |  |  |  |  |  |  |
| Number 65-0883447   | Applied For<br>Not Applicable     |  |  |  |  |  |  |  |  |  |
|   | \$8.75 Additional<br>Fee Required |  |  |  |  |  |  |  |  |  |
| me and Address of New Registered  | Agent                             |  |  |  |  |  |  |  |  |  |
| ı   |                                   |  |  |  |  |  |  |  |  |  |
| Number is Not Acceptable)   |                                   |  |  |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |  |  |
|   | Zip Code                          |  |  |  |  |  |  |  |  |  |
| FL  | •   <u> </u>                      |  |  |  |  |  |  |  |  |  |
| t, or both, in the State of Florida. I am   | familiar with, and accept         |  |  |  |  |  |  |  |  |  |
| 2/1   | <b>४</b> /८उ                      |  |  |  |  |  |  |  |  |  |
| tating) DATE  | 900                               |  |  |  |  |  |  |  |  |  |
| 9. Election Campaign Financing Trust Fund Contribution.  [ ]                            | \$5.00 May Be Added to Fees       |  |  |  |  |  |  |  |  |  |
| TIONS/CHANGES TO OFFICERS AND   | DIRECTORS IN 11                   |  |  |  |  |  |  |  |  |  |
|   | ☐ Change ☐ Addition               |  |  |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |  |  |
|   | ☐ Change ☐ Addition               |  |  |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |  |  |

| 330 S.W. 62ND PLACE 7330 S.W. 62ND PLACE UITE 410 SUITE 410 IIAMI FL 33143 MIAMI FL 33143                              |   |                      |                    |               |  | 69912333   |   |                  |                     |                                   |  |  |
|--|---|----------------------|--------------------|---------------|--|--|---|------------------|---------------------|-----------------------------------|--|--|
| 2. Principal Place of Business 3. Mailing Add  |   |                      |                    | g Address     |  |  | (   Editabl (IS iBis) yazil saiti saiti     | 1121 11217 22111 |                     | ,,,                               |  |  |
| Suite, Apt. #, etc. Suite, .   |   |                      | uite, Apt. #, etc. |               |  |  | ☐ CHECK HERE IF MAKING CHANGES              |                  |                     |                                   |  |  |
| City & State   |   |                      | City & State       |               |  | <b>4.</b> F  | ETTERNOOT                                   |                  |                     | plied For<br>t Applicable         |  |  |
| Zip  | Country Zip                                     |                      |                    | Coun          | try  | 5. (   | 5. Certificate of Status Desired            |                  |                     | \$8.75 Additional<br>Fee Required |  |  |
| 6. N   | 6. Name and Address of Current Registered Agent |                      |                    |               |  |  | 7. Name and Address of New Registered Agent |                  |                     |                                   |  |  |
|  | Name  |                      |                    |               |  |  | ,   |                  |                     |                                   |  |  |
| WHITE, DANIEL T  | ESQUIRE   |                      |                    |               | Street Address (P.O. Box Number is Not Acceptable) |  |   |                  |                     |                                   |  |  |
| 1304 N.W. 98TH   | TERRACE   |                      | Saddi Addida       |               |  | · · · · · · · · · · · · · · · · · · ·                |   |                  |                     |                                   |  |  |
| GAINESVILLE FL   | 32606   |                      |                    |               |  |  | _   |                  |                     |                                   |  |  |
|  |   |                      |                    |               | City   | <u>.</u>   |   | FL               | Zip Code            | 3                                 |  |  |
|  |   | ( - 1                | of changing it     | to register   | nd office or r                                     | egistered an   | ent, or both, in the State of Florid        | la. I am far     | niliar with,        | and accept                        |  |  |
| <ol><li>The above named<br/>the obligations</li></ol>  | entity submits this statement edistered agent.  | tor the purp         | ose of changing it | is register   | ad Office of It                                    | egistered eg   |   |                  |                     |                                   |  |  |
| (  | 12 0 A  | ( )                  | At                 |               | 110  | CH   | NUGE  | 2/18             | :/a3                | }                                 |  |  |
| SIGNATURE.   | typed or printed name of registered ag          | ent and title if app | licable. (NO       | TE: Registere | d Agent signature                                  | required when re                                     | einstating)                                 | DATE             |                     |                                   |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State |   |                      |                    |               |  | Election Campaign Finar     Trust Fund Contribution. |   | Added            | May Be<br>I to Fees |                                   |  |  |
| 10.  | OFFICERS AN                                     | ND DIRECTO           | RS                 | 11.           |  | AE   | DDITIONS/CHANGES TO OFFIC                   |                  |                     |                                   |  |  |
| TITLE P  |   |                      | ☐ Delete           | TITL          |  |  |   | L                | Change              | Addition                          |  |  |
| 7000   | ER, PAUL A                                      |                      |                    | NAN           | EET ADDRESS  |  |   |                  |                     |                                   |  |  |
|  | SW 62ND PLACE                                   | •                    |                    |               | -ST-ZIP  |  |   |                  |                     |                                   |  |  |
| <u> </u>   |   | <del></del>          |                    | TITL          |  |  |   |                  | Change              | Addition                          |  |  |
| TITLE V  | IOCK, JANIS L                                   |                      | ☐ Delete           | NAN           | 1  |  |   |                  |                     |                                   |  |  |
|  | SW 62ND PLACE                                   |                      |                    | STR           | EET ADDRESS  |  |   |                  |                     |                                   |  |  |
| CITY-ST-ZIP MIAMI  |   |                      |                    | CIT           | r-St-ZIP   |  |   |                  | <del></del>         |                                   |  |  |
| TITLE  |   |                      | ☐ Delete           | TITL          | E  |  | <del></del>                                 |                  | ☐ Change            | Addition                          |  |  |
| NAME   |   |                      |                    | NA            |  |  |   |                  |                     |                                   |  |  |
| STREET ADDRESS   |   |                      |                    |               | EET ADDRESS  |  |   |                  |                     |                                   |  |  |
| CITY-ST-ZIP  |   |                      |                    | CII           | r-ST-ZIP   |  |   |                  | Change              | ☐ Addition                        |  |  |
| TITLE  |   |                      | ☐ Delete           | TITI          |  |  |   |                  | ☐ Change            | [_] Addition                      |  |  |
| NAME   |   |                      |                    | NAN<br>STR    | EET ADDRESS  |  |   |                  |                     |                                   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                      |                    |               | Y-ST-ZIP   |  |   |                  |                     |                                   |  |  |
| <del></del>  |   |                      | Delete             | TIT           |  |  | , <u> </u>                                  |                  | ☐ Change            | Addition                          |  |  |
| TITLE<br>NAME  |   |                      |                    | NAI           |  |  |   |                  |                     |                                   |  |  |
| STREET ADORESS   |   |                      |                    | STE           | EET ADDRESS  |  |   |                  |                     |                                   |  |  |
| CITY-ST-ZIP  |   |                      |                    | СІТ           | Y-ST-ZIP   |  |   |                  |                     |                                   |  |  |
| TITLE  | <u>,</u>  |                      | ☐ Delete           | TIT           | LE   | •  |   |                  | ☐ Change            | ☐ Addition                        |  |  |
| NAME   |   |                      |                    | NA            |  |  |   |                  |                     |                                   |  |  |
| CTREET ADDRESS   |   |                      |                    | STI           | REET ADDRESS                                       |  |   |                  |                     | (                                 |  |  |

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if chapted or on an attachment with an other section. changed, or on an attachment with an address, with all other like empowered. PAUL A. WETTER

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP