

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000096823

1. Entity Name

SILVER KING INVESTMENTS, INC.

Principal Place of Business

5445 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

Mailing Address

5445 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OAKS, DAVID K ESQ.
252 WEST MARION AVE.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name SAM SANDERS

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

2911 CARIBBEAN DR

City PUNTA GORDA

FL

Zip Code 33950

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

1-7-02

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, 2002 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 PD
NAME TREWORGY, RICK
STREET ADDRESS 5445 WILLIAMSBURG RD.
CITY-ST-ZIP PUNTA GORDA FL 33982 ☐ Delete

TITLE VD
NAME LAISHLEY, BRUCE
STREET ADDRESS 5445 WILLIAMSBURG DR.
CITY-ST-ZIP PUNTA GORDA FL 33982 ☐ Delete

TITLE STD
NAME SANDERS, SAM
STREET ADDRESS 2911 CARRIBEAN DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 941 637-8345

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90019 019 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)