

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V30752**

1. Entity Name

**SILVER SANDS EQUITY INVESTORS, INC.****FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90004 037 \*\*\*150.00

0699242

Principal Place of Business Mailing Address  
5021 HWY 98 EAST PO BOX 16167  
SUITE 300 MOBILE AL 36608  
DESTIN FL 32541 US

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|  |  |                |
|--|--|----------------|
| 4. FEI Number <b>63-1065862</b>  |  | Applied For    |
|  |  | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |                |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                                |  | 7. Name and Address of New Registered Agent        |          |
| CORPORATION INFORMATION SERVICES INC.<br>1201 HAYS ST.<br>TALLAHASSEE FL 32301 |  | 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, 2001 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 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BURTON, J. ROE                               | NAME  |  |
| STREET ADDRESS             | 165 N. BELTLINE HWY                          | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MOBILE AL                                    | CITY-ST-ZIP   |  |
| TITLE                      | D <input checked="" type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MIXON, STEPHEN W.                            | NAME  | MIXON, STEPHEN W.  |
| STREET ADDRESS             | 161 N BELTLINE HWY                           | STREET ADDRESS  | 5901 APPLETREE ROAD  |
| CITY-ST-ZIP                | MOBILE AL                                    | CITY-ST-ZIP   | MOBILE, AL 36609   |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)