

2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90029 026 ***150.00

DOCUMENT # F96000004739 1. Entity Name INSURANCE HORIZONS, INC.

Principal Place of Business 840 SE 5TH ST OCALA FL 34471 Mailing Address 840 SE 5TH ST OCALA FL 34471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 75-2433808 Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HATCH, JOHN D 840 SE 5TH ST OCALA FL 34471

7. Name and Address of New Registered Agent Name Street Address 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) [X]

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

Table with 2 columns: OFFICERS AND DIRECTORS. Includes entries for Hatch, John D and Hatch, Pamela C.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes empty rows for new entries.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-22-02 Daytime Phone # 352-690-6270

CR2E034 (9/01)