

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90099 004 \*\*\*150.00

**DOCUMENT # P96000011815**

1. Entity Name

**HORIZON BUILDERS & DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

1010 HUBNER CIRCLE  
 SARASOTA FL 34241

46 N. WASHINGTON BLVD., #1  
 SARASOTA FL 34236-5932

RU024001



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 **65-0637410**

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

7. Name and Address of New Registered Agent

**SHESLER, VICKIE L**  
**46 N. WASHINGTON BLVD., #1**  
**SARASOTA FL 34236**

Name  
**PATTERSON, JOHN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**46 N. WASHINGTON BLVD.**  
**SUITE 1**  
 City **SARASOTA** FL Zip Code **34236**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/10/00**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPST	CARPER, TAMMY		
4946 HUBNER CIRCLE	SARASOTA FL 34241		
VP	CARPER, KERRY		
4946 HUBNER CIRCLE	SARASOTA FL 34241		

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  
**TAMMY CARPER, President**

(941) 924-7214

Date Daytime Phone #

CR2E034 (9/99)