

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90013 010 ***150.00

DOCUMENT # P98000105705

1. Entity Name
HORRELL BUILDERS, INC.

Principal Place of Business
2051 PADDOCK DR.
JACKSONVILLE BEACH FL 32250

Mailing Address
2051 PADDOCK DR.
JACKSONVILLE BEACH FL 32250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14055 Bentwood Ave
 Suite, Apt. #, etc.

3. Mailing Address
14055 Bentwood Ave
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3547894**

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

HORRELL, DAPHNE E
2051 PADDOCK DR. 14055 Bentwood Ave.
JACKSONVILLE BEACH FL 32250

Name
 Street Address (P.O. Box Number is Not Acceptable)
14055 Bentwood Ave
 City **Jacksonville FL** Zip Code **32250**

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPTS**
 STREET ADDRESS **HORRELL, DAPHNE E**
 CITY-ST-ZIP **2051 PADDOCK DR. 14055 Bentwood Ave JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **HORRELL, ALAN T HORRELL**
 CITY-ST-ZIP **1453 STARBOARD COURT ORANGE PARK FL 32073**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Daphne E. Horrell** **Daphne E. Horrell, President** **4/12/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(904) 223-8074**

CR2E034 (9/01)