

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90024 016 ***150.00

DOCUMENT # S78627
 1. Entity Name
HORIZON THERAPEUTICS, INC.

Principal Place of Business 1720 OAK LAKES DRIVE SARASOTA FL 34232	Mailing Address 1720 OAK LAKES DRIVE SARASOTA FL 34232-3458
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0280206	Applied For <input type="checkbox"/> 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
WEBER, CAREN 1720 OAK LAKES DRIVE SARASOTA FL 34232	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME DP WEBER, CAREN STREET ADDRESS 1720 OAK LAKES DR CITY-ST-ZIP SARASOTA FL TITLE <input type="checkbox"/> Delete NAME DS WEBER, JOEL STREET ADDRESS 1720 OAK LAKES DR CITY-ST-ZIP SARASOTA FL TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: *Caren M. Weber* **3/1/2000** **(941) 378-1979**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)