

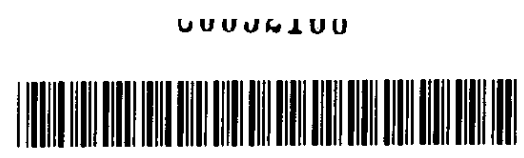
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90099 033 ***150.00

DOCUMENT # 248655
 1. Entity Name
HORIZON HOUSE, INC. OF CLEARWATER.

Principal Place of Business Mailing Address
 31 ISLAND WAY 31 ISLAND WAY
 CLEARWATER FL 34630 CLEARWATER FL 34630

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 **59-1097482** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ERICKSON, NEWELL
31 ISLAND WAY
UNIT 1208
CLEARWATER FL 33767
 7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	VP	<input type="checkbox"/> Delete	TITLE	Tom Frain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUNTZ, JUANITA		NAME	31 Island Way #501	
STREET ADDRESS	31 ISLAND WAY, #406		STREET ADDRESS	Clearwater FL 33767	
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, KENNETH		NAME		
STREET ADDRESS	31 ISLAND WAY, #504		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKFORD, ROBERT		NAME		
STREET ADDRESS	31 ISLAND WAY, #1507		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, HEWELL		NAME		
STREET ADDRESS	31 ISLAND WAY #1208		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, GLORIA		NAME		
STREET ADDRESS	31 ISLAND WAY, #807		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		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: Newell Erickson 4-20-01 727-446-2152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)