

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
 01-18-2000 90156 044 ***150.00

DOCUMENT # 456707

1. Entity Name
HORIZON SERVICES, INC.

Principal Place of Business Mailing Address
 --- SADDLEBRED LANE 506 SADDLEBRED LANE
 MARIETTA GA 30067 MARIETTA GA 30067-5060

900457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3266 Timberloch # DR 3266 Timberloch Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Marietta, GA Marietta, GA
 Zip Country Zip Country
30068 USA 30068 USA

4. FEI Number **59-1559149** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LUSK, LISA
202 S DEL PRADO BLVD
CAPE CORAL FL 33990

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 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. ☐ **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		
TITLE	PDS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONCILIO, RICHARD V		NAME		
STREET ADDRESS	506 SADDLEBRED LANE		STREET ADDRESS	3266 Timberloch Drive	
CITY-ST-ZIP	MARIETTA GA		CITY-ST-ZIP	Marietta, GA 30068	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONCILIO, NANCY C.		NAME		
STREET ADDRESS	506 SADDLEBRED LANE		STREET ADDRESS	3266 Timberloch Drive	
CITY-ST-ZIP	MARIETTA GA		CITY-ST-ZIP	Marietta, GA 30068	
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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: **Richard V. Concilio - R.V. Concilio** **1/10/2000** **770-321-5510**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)