

2002 UNIFORM BUSINESS REPORT (UBR)

0038831 AV

DOCUMENT # 530881

1. Entity Name
HORIZON MANAGEMENT SERVICES, INC.

FILED

02 JAN 30 AM 11:25

Principal Place of Business
% THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET, STE. 105
TALLAHASSEE FL 32301
US

Mailing Address
% THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET, STE. 105
TALLAHASSEE FL 32301
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2193986		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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. (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANDERSEN, ROBERT L 301 S. COLLEGE ST CHARLOTTE NC 28288-0630 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004845666-3 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBIE, CAROL A 1339 CHESTNUT ST PHILADELPHIA PA 19107 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DAVIS, CHRISTOPHER D 301 S. COLLEGE STREET CHARLOTTE NC 28288-0630 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davies, Christopher D. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLT, DAVID 1100 CORPORATE CIRCLE DR RALEIGH NC 27607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carol R. Millis 301 S. College Street, Charlotte, NC 28288 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Carol R. Millis Carol R. Millis, Vice President 1/28/02 704/374-6612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 158395 167868A

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 150.00

ORDER DATE : January 30, 2002

ORDER TIME : 3:13 PM

ORDER NO. : 158395-015

CUSTOMER NO: 167868A

CUSTOMER: Ms. Aprille M. Mitchell
First Union Corporation
One First Union Center, Nc0630
Legal Division-31st Floor
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: HORIZON MANAGEMENT SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____

RECEIVED
02 JAN 30 PM 4:21
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
STATE OF FLORIDA