

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689983

Entity Name

HORN'S JEWELRY, INC.

**FILED**  
May 10, 2000 8:00 ar  
Secretary of State

05-10-2000 90174 047 \*\*\*150.00

Principal Place of Business

KINGS BAY DR  
CRYSTAL RIVER FL 34429

Mailing Address

498 SE KINGS BAY DR  
CRYSTAL RIVER FL 34429-5345  
US

Principal Place of Business

9729 W WYNN CT  
Suite, Apt. #, etc.

3. Mailing Address

9729 W WYNN CT  
Suite, Apt. #, etc.

City & State

CRYSTAL RIVER FL  
Country  
4429

City & State

CRYSTAL RIVER FL  
Zip  
34429 Country

4. FEI Number

59-2031472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HORN, WOLDEMAR  
498 SE KINGS BAY DR  
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9729 W WYNN CT

City

CRYSTAL RIVER

FL

Zip Code

34429

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

WOLDEMAR HORN

4/28/2000

Date

1. Corporation is eligible to satisfy its intangible  
filing requirement and elects to do so.  
(see criteria on back)

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**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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD  
HORN, WOLDEMAR  
9729 W WYNN CT  
CRYSTAL RIVER, FL 00000  
STD  
HORN, JOAN  
9729 WYNN CT  
CRYSTAL RIVER FL

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CRYSTAL RIVER FL 34429

CRYSTAL RIVER FL 34429

CR2E034 (9/99)

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 furnished 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOLDEMAR HORN

4/28/2000

Date

Daytime Phone #

352-795-5516