

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001879

1. Entity Name

HORIZON STRATEGIC INCOME, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

311 PARK PLACE BLVD., SUITE 330
CLEARWATER FL 33759

Mailing Address

3740 LONGSHIP PLACE
TAMPA FL 33607-5829



2. Principal Place of Business

436 Williamson Rd

3. Mailing Address

436 Williamson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gladwyne, Pa.

City & State

Gladwyne Pa.

4. FEI Number

59-3466391

Applied For

Not Applicable

Zip

Country

19035

USA

Zip

Country

19035

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIGHT MARTINDALE
3740 LONGSHIP PLACE
TAMPA FL 33607

→ NEW

7. Name and Address of New Registered Agent

Name Horizon Strategic Income

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

410 John Carlson

1940 Howell Ave. NE.

City St. Petersburg

FL

Zip Code 33703

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. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,300,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P94000023949
NAME HORIZON CAPITAL MANAGEMENT, INC.
STREET ADDRESS 3740 LONGSHIP PLACE
CITY - ST - ZIP TAMPA FL 33607

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 436 Williamson Rd.
CITY - ST - ZIP Gladwyne, Pa. 19035

STREET ADDRESS
CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/00

Date

610 649 9423

Daytime Phone #