## 2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

**SIGNATURE:** 

## FILED DOCUMENT # F93000004704 Jul 18, 2000 8:00 am Secretary of State 1. Entity Name HORIZON CONSOLIDATED SYSTEMS, INC. 07-18-2000 90020 046 \*\*\*550.00 Mailing Address Principal Place of Business 442 HWY 35 S CRANBERRY COMMONS BLDG A 442 STATE HWY #35 SOUTH BLDG A **EATOWNTOWN NJ 07724** EATONTOWN NJ 07724 บร 2. Principal Place of Business 3. Mailing Address 16 Christopher Way 16 Christopher Way DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-3251017 Not Applicable <u>Fatontown, New</u> <u>Eatontown. New Jersey</u> lersev \$8.75 Additional Country 5. Certificate of Status Desired 07724 USA Fee Required 07724 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 7/11/00 SIGNATURE gent signature required when reinstating) Signature, typed or printed name of registered a 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DI'K. II. MOO Change Addition ☐ Delete TITLE TITLE OLCOTT, CYNTHIA NAME NAME 16 Christopher Way 442 HWY 35 SO. BLDG. A STREET ADDRESS STREET ADDRESS EATONTOWN NJ CITY-ST-ZIP Eatontown, NJ 07724 CITY-ST-ZIP CVS K Change Addition ☐ Defete TITLE TITLE SACCO, DIANE NAME NAME 442 HWY 35 SO. BLDG. A STREET ADDRESS 16 Christopher Way STREET ADDRESS **EATONTOWN NJ** CITY-ST-ZIP Eatontown, NJ 07724 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SACCO, ROBERT NAME NAME 442 HWY 35 SO. BLDG A STREET ADDRESS 16 Christophen Way STREET ADDRESS Eatontown, NJ 07724 EATONTOWN NJ CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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

) Robert Sacco VP/CFO 7/11/00 732-935-9553