

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90053 042 ***150.00

0573924

DOCUMENT # F93000004704

1. Entity Name

HORIZON CONSOLIDATED SYSTEMS, INC.

Principal Place of Business

**16 CHRISTOPHER WAY
 EATONTOWN NJ 07724
 US**

Mailing Address

**16 CHRISTOPHER WAY
 EATONTOWN NJ 07724
 US**

C0045360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16 CHRISTOPHER WAY

Suite, Apt. #, etc.

3. Mailing Address

16 CHRISTOPHER WAY

Suite, Apt. #, etc.

City & State

EATONTOWN, NJ

City & State

EATONTOWN, NJ

Zip

07724

Country

USA

Zip

07724

Country

USA

4. FEI Number **22-3251017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

TITLE **CP** ☐ Delete
 NAME **OLCOTT, CYNTHIA**
 STREET ADDRESS **16 CHRISTOPHER WAY**
 CITY-ST-ZIP **EATONTOWN NJ 07724**

TITLE **CVS** ☐ Delete
 NAME **SACCO, DIANE**
 STREET ADDRESS **16 CHRISTOPHER WAY**
 CITY-ST-ZIP **EATONTOWN NJ 07724**

TITLE **DT** ☐ Delete
 NAME **SACCO, ROBERT**
 STREET ADDRESS **16 CHRISTOPHER WAY**
 CITY-ST-ZIP **EATONTOWN NJ 07724**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **X Robert Sacco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 3/6/01

Daytime Phone #

(932) 925-9450

CR2E034 (10/00)