

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90185 028 ***150.00

DOCUMENT # F94000000702

1. Entity Name
HORAN, GOLDMAN COMPANIES, INC.



Principal Place of Business
**3900 NW 79TH AVE
STE 724
MIAMI FL 33166
US**

Mailing Address
**485 DEVON PARK DRIVE, STE 115
P.O. BOX 288
WAYNE PA 19087**



2. Principal Place of Business

3. Mailing Address

PO Box 527

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Marlton NJ

4. FEI Number **23-1735641**

Applied For

Not Applicable

Zip

Country

Zip

Country

08053

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, HAROLD L JR.
3900 NW 79 TH AVE
MIAMI FL 33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **GREGORY, HAROLD L JR**
STREET ADDRESS **3900 N W 79 AVE STE #72**
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **ST** ☐ Delete
NAME **FRANCO, MARY M.**
STREET ADDRESS **485 DEVON PARK DR STE 115**
CITY-ST-ZIP **WAYNE PA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 527**
CITY-ST-ZIP **Marlton NJ 08053**

TITLE **D** ☐ Delete
NAME **POSTILNICK, STANLEY**
STREET ADDRESS **485 DEVON PATEK, DR, STE 115**
CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 527**
CITY-ST-ZIP **Marlton, NJ 08053**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

3-31-03 856-396-0395

CR2E034 (10/02)