

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000300

1. Entity Name

DENNY HORN & ASSOCIATES, INC.

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90059 033 ***150.00

0507083 AV

Principal Place of Business

5000 ROYAL MARCO WAY
 #536
 MARCO ISLAND FL 33937
 34145

Mailing Address

5000 ROYAL MARCO WAY
 536
 MARCO ISLAND FL 34145
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1857789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HORN, DENNY L
 5000 ROYAL WAY
 #536
 MARCO ISLAND FL 33937
 34145

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, 2002 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 PCD ☐ Delete
 NAME HORN, DENNY L
 STREET ADDRESS 500 ROYAL MARCO WAY, #536
 CITY-ST-ZIP MARCO ISLAND FL

TITLE STD ☐ Delete
 NAME HORN, DIANA K
 STREET ADDRESS 500 ROYAL MARCO WAY, #536
 CITY-ST-ZIP MARCO ISLAND FL

TITLE D ☐ Delete
 NAME HORN, DEREK K
 STREET ADDRESS 307 SAINT PAUL AVE
 CITY-ST-ZIP ATLANTA GA 30312

TITLE D ☐ Delete
 NAME DENNIS, DENA L
 STREET ADDRESS 592 WALDO STREET
 CITY-ST-ZIP ATLANTA GA 30312

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
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 NAME
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 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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/02 941-692-0572

CR2E034 (9/01)