## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State DOCUMENT # F96000004739 1. Entity Name 05-06-2002 90029 026 \*\*\*150.00 INSURANCE HORIZONS, INC. Principal Place of Business Mailing Address 840 SE 5TH ST 840 SE 5TH ST OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2433808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HATCH, JOHN D Street Address (P.O. Box Number is Not Acceptable) 840 SE 5TH ST **OCALA FL 34471** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition DP Delete TITLE ☐ Change NAME HATCH, JOHN D NAME STREET ADDRESS **840 SE 5TH ST** STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME HATCH, PAMELA C NAME STREET ADDRESS STREET ADDRESS 840 SE 5TH ST CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

4-22-02

Date

352-690-6270

**FILED** 

CR2E034 (9/01)