

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0479607 AV

DOCUMENT # L30244

1. Entity Name
HORIZON ENGINEERING, INC.

04-01-2002 90714 002 ***150.00
 04-01-2002 90714 001 *****8.75

Principal Place of Business **Mailing Address**
~~814 MONTICELLO COURT~~ **814 MONTICELLO COURT**
CAPE CORAL FL 33904 **CAPE CORAL FL 33904**
US **US**



2. Principal Place of Business **3. Mailing Address**
2804 Del Prado Blvd. **2804 Del Prado Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
203 **203**

City & State **City & State**
Cape Coral, FL **Cape Coral, FL**
Zip **Country** **Zip** **Country**
33904 **USA** **33904** **USA**

4. FEI Number **59-2990042** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
DARBY, STEVEN LEE
814 MONTICELLO COURT
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name **Helen Stallkamp Darby**
Street Address (P.O. Box Number is Not Acceptable)
814 Monticello Court
City **Cape Coral** **FL** **Zip Code** **33904**

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 *Helen S. Darby* *Helen S. Darby* *President* *3/22/02*
 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. ☐ **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** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALLKAMP, HELEN E		NAME	HELEN STALLKAMP DARBY	
STREET ADDRESS	814 MONTICELLO COURT		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARBY, STEVEN LEE		NAME		
STREET ADDRESS	814 MONTICELLO COURT		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen S. Darby* *3/22/02* *239-945-0551*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)