## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** L52134



## **FILED** Jan 13, 2003 8:00 am Secretary of State

1. Entity N	O. HORNING-KEATING, I	P.A.				TOOL	01-13-2003 9	0673 018 ***1		
Principal Place of Business 1218 MT VERNON ST ORLANDO FL 32803 US 2. Principal Place of Business		PO P.O. ORL	Mailing Address PO BOX 1849 P.O. BOX 1849 ORLANDO FL 32802 US 3. Mailing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.							"
City & State			City & Contr			☐ CHECK HERE IF MAKING CHANGES				
		- City	City & State			JJ 230320 <del>4</del>			Applied For	
Zip	Country	Zip		Country	/	5. Certificate	e of Status Desired	\$8.75		le
	6. Name and Address of Cu	rrent Registere	ed Agent	<del>-</del>			d Address of New Reg	Fee Requ	iired	╝
HORNIN	G-KEATING, FAITH O.				Name	. Hame all	O Address of New Heg	Istered Agent		$\dashv$
1311 BC	)B WHITE TRAIL					et Address (P.O. Box Number is Not Acceptable)				
UHLAND	O FL 32766						· <u> </u>			$\dashv$
					City			FL Zip Co	ode	$\dashv$
8. The above the obligation	e named entity submits this statementations of registered agent.	ent for the purp	ose of changing its	registered	office or register	red agent, or bo	th, in the State of Florid	a. I am familiar wit	h, and accept	-
SIGNATURE										
	Signature, typed or printed name of registered	agent and title if appl	icable. (NOTE	E: Registered Aç	gent signature required	d when reinstating)		DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departmer	.00 Int of State	·			<b>9.</b> Ele Tru	ection Campaign Financist Fund Contribution.	_ ++.	<b>00</b> May Be	_
10.	OFFICERS A	ND DIRECTOR	RS	11.		ADDITIONS /	CHANCES TO OFFICE			
TITLE	D HODNING KEATING FAITH O		☐ Delete	TITLE		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTO:		ءَ 🖯
STREET ADDRESS	HORNING-KEATING, FAITH C 1311 BOB WHITE TRAIL	,		NAME STREET AL	DDRESS			( LJ Glidnige	Addition	10/01/
CITY-ST-ZIP	CHULUOTA FL			CITY-ST-	li i					25
NAME			☐ Delete	TITLE NAME				☐ Change	Addition	18
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TITLE		<del></del>		CITY-ST-	ZIP					
NAME			Delete	TITLE NAME				☐ Change	Addition	1
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TITLE			☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS				NAME				☐ Change	Addition	
CITY-ST-ZIP				STREET ADD	RESS					

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR