

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2002 91553 017 ***150.00

DOCUMENT # M01000000134

1. Entity Name

HORIZON CHARTERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1407 ROUTE 9

Suite, Apt. #, etc.

3. Mailing Address

1407 ROUTE 9

Suite, Apt. #, etc.

City & State

CLIFTON PARK, NY

Zip

12065

Country

USA

City & State

CLIFTON PARK, NY

Zip

12065

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BREAZEALE, HOPKINS P. III

Street Address (P.O. Box Number is Not Acceptable)

5053 OCEAN BOULEVARD

City

SARASOTA

FL

Zip Code

34247

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

MANAGING MEMBER

NAME

IRIE HOLDINGS CORP.

STREET ADDRESS

1407 ROUTE 9

CITY - ST - ZIP

CLIFTON PARK, NY 12065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

4/19/02 518-371-4409