

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90024 044 ***158.75

DOCUMENT # M70001

1. Entity Name
HORIZON ONE ADVERTISING, INC.

Principal Place of Business % ROBERT M. DANCE 5152 S. U.S. HIGHWAY 17-92 BOX 1167 LONGWOOD FL 32750	Mailing Address % ROBERT M. DANCE 5152 S. U.S. HIGHWAY 17-92 BOX 1167 LONGWOOD FL 32750
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2871116	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANCE, ROBERT M.
5152 S. U.S. HWY 17-92
P.O. BOX 1167
LONGWOOD FL 32750

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: N/A DATE: 03/07/02

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 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	D	<input type="checkbox"/> Delete
NAME	DANCE, ROBERT M.	
STREET ADDRESS	5152 S. US HWY 17-92	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SILANKAS, RICHARD	
STREET ADDRESS	1208 LK GRIFFIN RD	
CITY-ST-ZIP	LADY LAKE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **03/07/02** 407/656...1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03-22-2002

CR2E034 (9/01)