

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N17100

FILED
Feb 24, 2003
Secretary of State

Entity Name: HORIZON SOUTH X, INC

Current Principal Place of Business:

17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-3111337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J. ATTORNEY
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONNER, MARTHA
Address: 801 CIRCLEVIEW DRIVE
City-St-Zip: DOTHAN, AL 36301

Title: VPD () Delete
Name: LEWIS, FRED
Address: 17462 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY, FL 32413

Title: STD () Delete
Name: REID, BILLY J.,
Address: 17462 FRONT BEACH RD
City-St-Zip: PANAMA CITY BEACH, FL

Title: CAM (X) Delete
Name: MCCURDY, DAINTIE
Address: 726 THOMAS DRIVE
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA CONNER

PD

02/24/2003

Electronic Signature of Signing Officer or Director

Date