MAY-01-2001 TUE 09:04 AM FROM:ALRON ENTERPRISES INC. FAX:321 5/2

**FILED**
**Jun 26, 2001 8:00 am**
**Secretary of State**
05-22-2001 90049 022 ***150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P00000022286

1. Entity Name
HORIZON PAINTING OF BREVARD INC (UP)

Principal Place of Business / Mailing Address
HORIZON PAINTING OF BREVARD INC
439 SHELLAMHAM AVE SE
Palm Bay FL 32909

8661

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 274 ALADDIN STNE
Suite, Apt. #, etc.

3. Mailing Address: SAME
Suite, Apt. #, etc.

City & State: Palm Bay FL
Zip: 32907 Country: BREVARD

City & State
Zip Country

4. FEI Number: 59 3628429 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Perry Behrens
439 Shellamham Ave SE
Palm Bay FL 32909

7. Name and Address of New Registered Agent
Name: PERRY BEHRENS
Street Address (P.O. Box Number is Not Acceptable): 274 ALADDIN ST N.E.
City: Palm Bay FL Zip Code: 32907

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: PERRY BEHRENS 6/18/01
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete |
|---|---|
| PRES, SEC, TREAS<br>PERRY BEHRENS<br>439 SHELLAMHAM AVE SE<br>PALM BAY FL 32909 | |
| VP<br>CAROLYN STEVENS<br>274 ALADDIN ST NE<br>Palm Bay FL 32907 | |
| | |
| | |
| | |
| | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

CR2E004 (11/00)

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: 5-1-01 (321)427-1840
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #