

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-26-2001 90045 013 \*\*\*150.00

DOCUMENT # P00000058458

1. Entity Name
SUSAN M. HORAN P.A.

Principal Place of Business
6091 FALL RIVER DRIVE
NEW PORT RICHEY FL 34655

Mailing Address
6091 FALL RIVER DRIVE
NEW PORT RICHEY FL 34655

2. Principal Place of Business

3. Mailing Address

4538 FORT SHAW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

NEWPORT RICHEY FL 34655

4. FEI Number

59-3654627

Applied For

Not Applicable

Zip

Country

Zip

Country

34655

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORAN, KEVIN
6091 FALL RIVER DRIVE
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name
SUSAN M. HORAN

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

4538 FORT SHAW DR

City
NEWPORT RICHEY

FL

Zip Code
34655

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 of registered agent or authorized representative
SUSAN M. HORAN (Handwritten)

DATE
01-10-01

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, 2001 - 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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: HORAN, SUSAN M, 6091 FALL RIVER DR, NEW PORT RICHEY FL 34655.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: 4538 FORT SHAW DR, NEWPORT RICHEY FLA. 34655.

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:

Signature of registered agent or authorized representative
SUSAN M. HORAN (Handwritten)

DATE
01-10-01 (207) 375-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)