


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90247 030 ***150.00

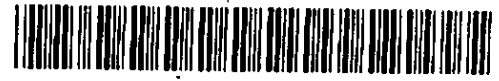
DOCUMENT # P00000058458

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



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

Mailing Address
**4538 FT SHAW DR
NEW PORT RICHEY FL 34655**



2. Principal Place of Business
5936 Seaside Dr.

3. Mailing Address
5936 Seaside Dr.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
New Port Richey FL

City & State
New Port Richey FL

Zip
34652

Country
US

Zip
34652

Country
US

4. FEI Number **59-3654627**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**HORAN, SUSAN M
4558 FT SHAW DR
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5936 Seaside Dr.

City **New Port Richey** FL Zip Code **34652**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan Horan* **Susan Horan, Pres** DATE **1-9-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	NAME HORAN, SUSAN M	<input type="checkbox"/> Delete
STREET ADDRESS 4588 FT SHAW DR	CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE VP	NAME HORAN, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS 4588 FORT SHAW DR	CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5936 Seaside Dr.	New Port Richey, FL 34652	
		5936 Seaside Dr.	New Port Richey, FL 34652	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Horan* **Susan Horan, Pres** DATE **1-9-03** (727) 375-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)