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.
Suite, Apt. #, etc.
City & State: New Port Richey FL
Zip: 34652 Country: US

3. Mailing Address
5936 Seaside Dr.
Suite, Apt. #, etc.
City & State: New Port Richey FL
Zip: 34652 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3654627 — Applied For / Not Applicable

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

6. 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 1-9-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete
NAME	HORAN, SUSAN M	
STREET ADDRESS	4588 FT SHAW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VP	☐ Delete
NAME	HORAN, KEVIN	
STREET ADDRESS	4588 FORT SHAW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5936 Seaside Dr.	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5936 Seaside Dr.	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: SIGNATURE REQUIRED Susan Horan, Pres 1-9-03 (727) 375-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #