2001. UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am DOCUMENT # P0000061027 **Secretary of State** HORIZON ENGINEERING & TESTING, INC. 05-02-2001 90210 043 ***158.75 Principal Place of Business Mailing Address 5875 MINING TEAR SUITE 202 5875 MINING TEAR SUITE 202 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address S771 MINING P.O. Box 56135 TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State 4. FEI Number Applied For JACKSONVILLE, FL 59-3654449 JACKSONVILLE, FL Not Applicable Country \$8.75 Additional 32241 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent R. N. SAILAPPAN SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 5771 MINING TERRACE, SUITE 202 Zip Code 32257 JACKSONVILLE 8. The above named entity subprits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) PTD TITLE Delete SAILAPPAN, R.N. NAME 5771 MINING TERRACE, SUITE 202 5875 MINING TEAR SUITE 202 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL - 32257 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 SVD ☐ Delete TITLE TITLE SAILAPPAN, BHOOMA NAME NAME 5771 MINING TERRACE, SUITE 202 5875 MINING TEAR SUITE 202 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL- 32257 CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE. ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

904) 260 7075

Daytime Phone #