

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069121 ✓

1. Entity Name

Horizon Materials Handling, Inc.

Principal Place of Business

16140 N.W. 53rd St
Morrison, FL 32668

Mailing Address

P.O. Box 399
Morrison, FL 32668

2. Principal Place of Business

16140 N.W. 53rd St

3. Mailing Address

P.O. Box 399

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Morrison, FL

City & State

Morrison, FL

4. FEI Number

59-3658832

Applied For

Not Applicable

Zip

32668

Country

Marion

Zip

32668

Country

Marion

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Spiegel & Utrera P.A.
343 Almeria Ave.
Roral Gables, FL 33134

7. Name and Address of New Registered Agent

Name
Street
City & State
Zip

FL

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

TERRY L. BAILEY, President

3/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President TERRY L. BAILEY 16140 N.W. 53rd St. Morrison, FL 32668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President TINA M. BAILEY 16140 N.W. 53rd St. Morrison, FL 32668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary TINA M. BAILEY 16140 N.W. 53rd St. Morrison, FL 32668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer TERRY L. BAILEY 16140 N.W. 53rd St. Morrison, FL 32668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

TERRY L. BAILEY

3/12/01

(352) 528-3655

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

020

Daytime Phone #

CR2E034 (1/1/00)

FILED
SECRETARY OF STATE
03-21-2001 90009 020 ***150.00

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DO NOT WRITE IN THIS SPACE