

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90016 034 ***550.00

DOCUMENT # P00000104000

1. Entity Name
HORIZON INVRONMENTAL SPECIALISTS, INC.

Principal Place of Business **Mailing Address**
 21400 TUCKAHOE RD. 7280 Pelas Cir. PO BOX 795 7280 Pelas Cir.
 ALVA FL 33920 N. Ft Myers, FL ALVA FL 33920 N. Ft Myers, FL
 33917 33917

2. Principal Place of Business **3. Mailing Address**
 7280 Pelas Circle P.O. Box 608
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 N. Ft Myers, FL Alva FL
Zip **Country** **Zip** **Country**
 33917 USA 33920 USA

4. FEI Number **Applied For**
 65-1069776 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent.**
 FOSHEE, ANN MICHELLE
 21400 TUCKAHOE RD.
 ALVA FL 33920
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Ann Michelle Foshee* 8/22/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
 (See criteria on back) ☐ **After September 12, 2001 Fee will be \$750.00**
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------|--|---|--|---|
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSHEE, ANN MICHELLE | | NAME | | |
| STREET ADDRESS | PO BOX 795 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALVA FL 33920 | | CITY-ST-ZIP | | |
| TITLE | DVT | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSHEE, JULIAN GRAY JR | | NAME | | |
| STREET ADDRESS | PO BOX 795 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALVA FL 33920 | | CITY-ST-ZIP | | |
| TITLE | DVS | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTELLITTO, ANTHONY | | NAME | | |
| STREET ADDRESS | PO BOX 795 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALVA FL 33920 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Ann Michelle Foshee* 8/22/01 941-731-1651
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0124365 AI

CR2E034 (5/01)