

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

0129690 AT

DOCUMENT # P00000114788

1. Entity Name
HORIZON OUTDOOR PROJECTS, INC.

08-06-2001 90007 021 ***150.00

Principal Place of Business

Mailing Address

4340 SAWYER CIRCLE
APARTMENT #B
ST. CLOUD FL 34772

4340 SAWYER CIRCLE
APARTMENT #B
ST. CLOUD FL 34772

2. Principal Place of Business

4102 Quail West Ct.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 702171

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

Applicable for

Applied For

Not Applicable

Zip

34772

Country

U.S.A.

Zip

34772-2171

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUBAUGH, AARON
4340 SAWYER CIRCLE
APARTMENT #B
ST. CLOUD FL 34772

7. Name and Address of New Registered Agent

Name

Aaron Blubaugh

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

4102 Quail West Ct

City

St. Cloud

FL

Zip Code

34772

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 **Aaron Blubaugh**

Signature, typed or printed name of registered agent and title if applicable.

Aaron Blubaugh

(NOTE: Registered Agent signature required when reinstating)

7/31/01

Date

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **President** ☐ Delete
NAME **Aaron Blubaugh**
STREET ADDRESS **4102 Quail West Ct.**
CITY-ST-ZIP **St. Cloud, FL 34772**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Aaron Blubaugh**
STREET ADDRESS **4102 Quail West Ct.**
CITY-ST-ZIP **St. Cloud, FL 34772**

TITLE ☐ Change ☐ Addition
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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: **Aaron Blubaugh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/01

Date

407-891-0092

Daytime Phone #

CR2E034 (5/01)

8/01/01

Attachment
#P00000114788
77413

Dear Dept of State

Enclosed is a check for \$150.00 dollars. I called the # 850-488-9000 and explained I moved at the first of the year and this is the first time I have seen this registration form. I ask you to please accept \$150.00 and if there is any questions please call me at 407-891-0092

Thank you

Aaron Blalock