

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90122 050 ***150.00

DOCUMENT # P01000001970

1. Entity Name

HORUS CONSTRUCTION SERVICES, INC.

Principal Place of Business

**2560 TROPICAL SHORES
 ST PETERSBURG FL 33705**

Mailing Address

**2560 TROPICAL SHORES
 ST PETERSBURG FL 33705**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. 10667

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL.

Zip

Country

Zip

Country

33733

4. FEI Number

59-3675651

Applied For
 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

**GRAHAM, SHARON M
 2560 TROPICAL SHORES
 ST PETERSBURG FL 33705**

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

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.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JONATHAN D. GRAHAM	
STREET ADDRESS	P.O. 10667	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33733	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMES D. GRAHAM JR.	
STREET ADDRESS	801 - 58th Av. So.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	Sec TREAS	<input type="checkbox"/> Delete
NAME	SHARON M. GRAHAM	
STREET ADDRESS	P.O. BOX 14365	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33733	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Sharon M. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

727-898-6877

Date

Daytime Phone #

CR2E034 (9/01)