

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90127 040 \*\*\*150.00

**DOCUMENT # P01000041473**

1. Entity Name  
**JUDY HORNE, P.A.**

Principal Place of Business  
**7436 NW 22ND STREET**  
**MARGATE FL 33063**

Mailing Address  
**7436 NW 22ND STREET**  
**MARGATE FL 33063**

974772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1102512

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HORNE, JUDY A**  
**7436 NW 22ND STREET**  
**MARGATE FL 33063**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**HORNE, JUDY A**  
**7436 NW 22ND STREET**  
**MARGATE FL 33063**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CR2E034 (4/02)

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:

**Signature: Judy A. Horne**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

Judy Horne, P.A.  
7436 NW 22<sup>nd</sup> Street  
Margate, FL 33063

Attachments

974772

August 8, 2002

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Judy Horne, P.A.  
Document #P01000041473

Dear Sirs,

Pursuant to our telephone conversation this morning, enclosed you will find a check in the amount of \$150.00 for the Annual Uniform Business Report for my corporation.

I had sent a check for the same amount to the Florida Department of State back prior to the initial deadline of May 1<sup>st</sup>, I had no idea that the check and the annual report had not been received by the State until I received the enclosed Annual Uniform Business Report indicating late filing. I was very upset to learn that my corporation may be dissolved. I have no reason not to file this return timely as I intend on keeping the corporation active.

I am requesting that you take the above circumstances into consideration and accept my second check in the amount of \$150.00 and abate the penalties.

Your assistance in this matter would be greatly appreciated.

Sincerely,



Judy Horne