

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37235

1. Entity Name

HORIZON CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

5020 OLD ELLIS POINTE  
SUITE 100  
ROSWELL GA 30076

5020 OLD ELLIS POINTE  
SUITE 100  
ROSWELL GA 30076-3885

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1939516

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

HEFFELMIZE, TIMOTHY LEE  
9565 JOEL DRIVE  
SEMINOLE FL 34647

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, 2000 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	DC	<input type="checkbox"/> Delete
NAME	MICHAM, STEPHEN D.	
STREET ADDRESS	5004 HICKORY HILL DR	
CITY-ST-ZIP	WOODSTOCK GA	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	WHITE, WADE J.	
STREET ADDRESS	120 ANTIOCH PLACE	
CITY-ST-ZIP	CANTON GA 30115	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MICHAM, STEPHEN D.	
STREET ADDRESS	5004 HICKORY HILL DR	
CITY-ST-ZIP	WOODSTOCK GA	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WADE J. WHITE

Date

1/28/2000

Daytime Phone #

(770) 772-0303



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)