# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 03, 2003 8:00 am**
**Secretary of State**
03-03-2003 90476 040 ***150.00

DOCUMENT # P37235

1. Entity Name
HORIZON CONSTRUCTION COMPANY

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 5020 OLD ELLIS POINTE<br>SUITE 100<br>ROSWELL GA 30076 | 5020 OLD ELLIS POINTE<br>SUITE 100<br>ROSWELL GA 30076 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 415-B Winkler Drive | 415-B Winkler Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Alpharetta GA | City & State: Alpharetta GA |
| Zip: 30004 Country: ~~Canada~~ USA | Zip: 30004 Country: USA |

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<br>9565 JOEL DRIVE<br>SEMINOLE FL 34647 | Name: Marc A. Micham<br>Street Address (P.O. Box Number is Not Acceptable): 709 Lincoln Ave<br>City: Leesburg FL Zip Code: 34748 |

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.

X SIGNATURE: _____ 1-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>MICHAM, STEPHEN D.<br>4651 UNION HILL RD<br>ALPHARETTA GA 30004 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5004 Hickory Hills Drive<br>Woodstock, GA 30188 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPS<br>WHITE, WADE J.<br>120 ANTIOCH PLACE<br>CANTON GA 30115 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPT<br>MICHAM, STEPHEN D.<br>4651 UNION HILL RD<br>ALPHARETTA GA 30004 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5004 Hickory Hills Drive<br>Woodstock, GA 30188 |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 2/12/03 770/772-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #