

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001346

1. Entity Name

HORIZON SUN, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90016 033 ***150.00

Principal Place of Business

600 S BARRACKS ST
SLIP A-12
PENSACOLA FL 32501-6042
US

Mailing Address

421 TWIN LAKES DR
PENSACOLA FL 32504-6341
US

2. Principal Place of Business

421 TWIN LAKES DAIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32504-6341

Country

USA

Country

4. FEI Number

59-3173236

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, JAY F
421 TWIN LAKES DR
SUITE 220
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
NAME DT
STREET ADDRESS STEPHENS, WYLIE
CITY-ST-ZIP 421 TWIN LAKES DR
PENSACOLA FL 32504

TITLE ☐ Delete
NAME D
STREET ADDRESS STEPHENS, JAY F
CITY-ST-ZIP 421 TWIN LAKES DR
PENSACOLA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Wylie Stephens WYLIE STEPHENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850) 479-5848

Daytime Phone #

CR2E034 (10/00)