

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90975 028 \*\*\*150.00

0332031 AV

**DOCUMENT # P94000005150**

1. Entity Name  
**HORIZON ELECTRIC, INC.**



Principal Place of Business  
**2787 DAVIE BLVD  
FT LAUD FL 33312  
US**

Mailing Address  
**POB 24512  
FT LAUD FL 33307  
US**



2. Principal Place of Business

**2840 SOMERSET DR.**

Suite, Apt. #, etc.

**m-416**

3. Mailing Address

**2840 SOMERSET DR.**

Suite, Apt. #, etc.

**m-416**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LAUD. LAKES FL.**

Zip

**33311**

Country

**USA.**

City & State  
**LAUDERDALE LAKES FL.**

Zip

**33311**

Country

**USA.**

4. FEI Number  
**65-0524411**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS, INC.  
3732 NW 16TH STREET  
FORT LAUDERDALE FL 33311**

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. 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

**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

TITLE **D** ☐ Delete  
NAME **SIOUPERIS, SOCRATES**  
STREET ADDRESS **SUITE 214, 5200 NW 31ST AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

**SIOUPERIS SOCRATES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.28-03 (954-5578001)**  
Date Daytime Phone #

CR2E034 (10/02)