

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006255

1. Entity Name

JOSEPHINE H. HORN, P.A.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90027 001 ***150.00

Principal Place of Business

Mailing Address

8010 N HALE
TAMPA FL 33614
US

8010 N HALE
TAMPA FL 33614-2908
US

2. Principal Place of Business

3. Mailing Address

14633 Village Glen Cir
Suite, Apt. #, etc.

14633 Village Glen Cir
Suite, Apt. #, etc.

Tampa - FL
City & State

Tampa - FL
City & State

Zip 33624
Country USA

Zip 33624
Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220966

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

HORN, JOSIE
8010 N HALE
TAMPA FL 33614

Name HORN, JOSIE
Street Address (P.O. Box Number is Not Acceptable)
14633 Village Glen Cir
City Tampa FL Zip Code 33624

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

4-17-00

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 P
NAME HORN, JOSIE
STREET ADDRESS 8010 N HALE
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone

4-17-00 839631177
4129

CR2E034 (9/99)