

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC -9 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **994000023949**

1. Entity Name

Horizon Capital Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

831 Fieldside Dr.

Suite, Apt. #, etc.

3. Mailing Address

8374 Market Street

Suite, Apt. #, etc.

#113

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Fla

City & State

Lakewood Ranch, Fla.

4. FFI Number

59-322 7727

Applied for

Not Applicable

Zip

34240

Country

Sarasota

Zip

34240

Country

Manatee

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Henley

Street Address (P.O. Box Number is Not Acceptable)

831 Fieldside Dr.

City

Sarasota

Zip Code

34240

**DO NOT WRITE
IN THIS SPACE**

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

Paul A. Henley

(Signature, typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

OFFICER
NAME
STREET ADDRESS
CITY-ST-ZIP

**Pres.
Paul A. Henley
831 Fieldside Dr.
Sarasota, Fla. 34240**

OFFICER
NAME
STREET ADDRESS
CITY-ST-ZIP

**9000009422779
12/09/02--01089--004 **150.00**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Examine Phone #

CR2E034B (12/01)

12/11

Dec. 5, 2002

To Whom It May Concern,

My firm has moved to
Sarasota (nearly one year ago) -
My CPA also moved out of
the area.

She had filed all our forms
for the past 8 years and
the info. regarding filings
was never recieved by me.

Please reinstate Herizon Capital
Management Inc. and change your
records to reflect our new address.
(on form)

Thank You,

PD Hely

Paul Hely
President