

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000093665**

1. Entity Name

HORIZON SUNROOMS & SPAS, INC

Principal Place of Business

Mailing Address

**1257 W NINE MILE RD
PENSACOLA, FL 32534**

SAHR

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90221 001 ***150.00

05-30-2001 90221 002 *****8.75

73857

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3286825

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when registering)

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 \$100.00
AFTER MAY 1, 2001 Fee will be \$150.00
State 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 **PRESIDENT
DARRYL PIERCE**
STREET ADDRESS **2012 W 23 RD COURT**
CITY- ST- ZIP **PANAMA CITY FL 32405**

TITLE ☐ Delete

NAME **COO / SEC.
DAVID RADENMACHER**
STREET ADDRESS **3248 WINDMILL CIRCLE**
CITY- ST- ZIP **CANTONMENT, FL 32533**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

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CITY- ST- ZIP

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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

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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)(b), 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: **Darryl Pierce**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

550-785-888

CR20034 (11/00)