

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90503 035 \*\*\*150.00

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**DOCUMENT # P95000029977**

1. Entity Name  
**HORIZON TRADING INTERNATIONAL, INC.**



Principal Place of Business  
**255 EAST DRIVE, SUITE F  
MELBOURNE FL 32904  
US**

Mailing Address  
**255 EAST DRIVE, SUITE F  
MELBOURNE FL 32904  
US**

**JUL10/000**



2. Principal Place of Business

**9025 MANCHESTER LANE**

3. Mailing Address

**PO Box 120340**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE C**

City & State

**MELBOURNE, FL**

City & State

**MELBOURNE FL**

4. FEI Number

**59-3313697**

Applied For

Not Applicable

Zip

**32904**

Country

**USA**

Zip

**32904**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOSTRO, VICTOR S ESQ.  
1825 S. RIVERVIEW DR.  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

**WILLIAM L. SALBER**

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

**9025 MANCHESTER LANE**

**SUITE C**

City

**MELBOURNE**

FL

Zip Code

**32904**

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

*William L. Salber*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-23-03**

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 **DP** ☐ Delete  
NAME **SALBER, WILLIAM L**  
STREET ADDRESS **9025 C MANCHESTER LANE**  
CITY-ST-ZIP **MELBOURNE FL 32904**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR-VICE PRES**  
STREET ADDRESS **TERENCE W. SALBER**  
CITY-ST-ZIP **360 VENETIAN WAY**  
**MERRITT ISLAND, FL 32953**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR-VICE PRES**  
STREET ADDRESS **LYNN R. MADRIGAL**  
CITY-ST-ZIP **1501 WESTMORLAND DRIVE**  
**ORLANDO, FL 32804**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR-VICE PRES**  
STREET ADDRESS **JUDITH A. COX**  
CITY-ST-ZIP **904 DOGWOOD AVE**  
**DAPHNE, AL 32526**

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

TITLE ☐ Change ☐ Addition  
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: *W. SALBER* **W. SALBER** **4/23/03** **321-723-8360**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)