


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

FILED

03 DEC -8 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA5000043130	
1. Entity Name Horton Group Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 3709 37th Way		Suite, Apt. #, etc. 3709 37th Way	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33407	Country US	Zip 33407	Country US

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4. FEI Number 650608187	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Michael G. Horton	
Street Address (P.O. Box Number is Not Acceptable) 3709 37th Way	
City West Palm Beach	FL Zip Code 33407

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 **Michael Horton** DATE **Dec 4, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS																	
<table border="1"><tr><td>TITLE P/T</td><td>President / Owner</td></tr><tr><td>NAME P</td><td>Michael G. Horton</td></tr><tr><td>STREET ADDRESS 3709 37th Way</td><td></td></tr><tr><td>CITY-ST-ZIP West Palm Beach, FL 33407</td><td></td></tr></table>	TITLE P/T	President / Owner	NAME P	Michael G. Horton	STREET ADDRESS 3709 37th Way		CITY-ST-ZIP West Palm Beach, FL 33407		<table border="1"><tr><td>TITLE 300025327593</td><td></td></tr><tr><td>NAME 12/08/03--01068--005 **70.00</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE 300025327593		NAME 12/08/03--01068--005 **70.00		STREET ADDRESS		CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Erica Lynn Stambaugh** DATE **Dec 10/04/2003** **501-543-9417**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034B (12/02)