

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062262

1. Entity Name

THOMAS HORN DISTRIBUTING, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90338 041 ***150.00

Principal Place of Business

Mailing Address

1200 HIBISCUS STREET
ST. AUGUSTINE FL 32095
US

1200 HIBISCUS STREET
ST. AUGUSTINE FL 32095-9454
US

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 59-3334279

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

HALL, CHARLES E. JR.
25 OLD MISSION AVE.
ST. AUGUSTINE FL 32085

Name HALL, CHARLES E. JR.

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

77 Almeria St.

City St. Augustine FL Zip Code 32085

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

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 DPTV
NAME HORN, THOMAS A
STREET ADDRESS 1200 HIBISCUS STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete

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

TITLE
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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: Thomas A. Horn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Horn 5/1/00 904-808-8614
Date Daytime Phone #

CR2E034 (9/99)