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DOCUMENT # P9600 1. Entity Name SARASOTA HORIZON CORP.	0004803			bytsion of	FILEO ARY OF STATE CORPORATIO	¥ NE	
Principal Place of Business 8334 SANDERLING RD SANDERLING RD 3501 BAYOUSOUND LONG BOAT KOY FL 3422S	Mailing Address 8334 SANDERLING RD SARABOTA TI 34242 3501 BAY OUSG	1049 Pc3422	ł		I PM 2:17		
2. Principal Place of Business 3501 SAY6 USOUM) Suite, Apt. #, 6tc.	3. Mailing Address / Suite, Apt. #, etc.			REINSTATE			
LONGBORTKEY FL	City & State			4. FEi Number 65-0640795	Ar	oplied For ot Applicable	
Zip 3 4/2 2 \$ Country USA 6. Name and Address of Current I	Zip	Country		5. Certificate of Status Desired	S8.75 Add Fee Require		
REINICKE, STEPHANIE A 1800 2ND ST, SUITE 803 SARASOTA FL 34236	Hegistered Agent	3.	e	7. Name and Address of New Rey ENGROFF O. Fox Number is Not Acceptable) AYOUSOUN!	* * * * * * * * * * * * * * * * * * *	e a 0	
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed page of registered agent at the state of t		egistered offic Registered Agent si ! FEE IS \$5: 2001 Fee wi	e or registered gnature required wh 50.00 II be \$750.00	d agent, or both, in the State of Floridation 10. Election Campaign Finar Trust Fund Contribution	da. DATE S.0	O May Be	
TITLE NAME SIMIDIAN, DIKRAN V 8334 SANDERLING RD SARASOTA FL 34242	DIRECTORS Delete	12. TITLE NAME STREET ADDRE CITY-ST-ZIP	# HAR \$ 3501	ADDITIONS/CHANGES TO OFFICE VEY VENEROFF BAYOUSSUMD BOATKOY FL 34228	Channe	S IN 11 Addition Addition	こううせつロ
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRE			☐ Change	☐ Addition (S	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRE	# ·	0000041 -11/26, *****7	□ Change 69391 0 /0101083 50.00 *****	-015 250-00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss .		☐ 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 truetee 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:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)