2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000008437 Jan 26, 2000 8:00 am Secretary of State 1. Entity Name HORIZONS-SEBASTIAN, INC. 01-26-2000 90116 003 ***150.00 Principal Place of Business Mailing Address P.O. BOX 780056 P.O. BOX 780056 SEBASTIAN FL 32978 **SEBASTIAN FL 32978-0056** 000118982. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0635298 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THERIEN, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 110th Place 100 99ТН 3Т. 6601 101-1-Sebastian, FL 32958 SEBASTIAN FL-32958 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Additior THERIEN, RICHARD C NAME NAME 110th Place 100_99TH-STREET, LOT-1 STREET ADDRES STREET ADDRESS Sebastian, FL 32958 SEBASTIAN FL-32958 CITY-ST-ZIP CITY-ST-ZIP ST TITLE Delete TITLE ☐ Change Addition JAWORSKI, RONALD P NAME NAME STREET ADDRESS 9722 RIVERVIEW DRIVE STREET ADDRESS CITY-ST-7IP MICCO FL 32976 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and adjurate 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 epropowered to execute this sport 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 at other like encourage.

SIGNATURE:

1/19/2000

561/388-5856

Date

Daytime Phone #