

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

DOCUMENT # **P90000083431**
1. Entity Name **HORIZON BUSINESS SYSTEMS INC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 16 PM 4:01

DO NOT WRITE IN THIS SPACE

700006469797--5
-07/17/02--01052--026
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2499 GLADES RD Suite, Apt. #, etc. 312		3. Mailing Address 2499 GLADES RD Suite, Apt. #, etc. 312	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33431	Country USA

4. FEI Number 650-724329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARK SUMMERS	
Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD # 312	
City BOCA RATON	State FL Zip Code 33431

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 **M Summers** DATE **6/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V BARRY WATERFIELD 2499 GLADES RD # 312 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	700006469797--5 -07/17/02--01052--027 *****8.75 *****8.75
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **M Summers** DATE **6/25/02** (561) 362 7349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

7/18/02
CR