2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Mar 06, 2003 8:00 am Secretary of State
1. Entity N	UMENT # <b>P97(</b> Name N G. HORNEFFER, P.A.	00020544		03-06-2003 90129 001 ***150.00
Principal Place of Business 1220 DOUGLAS AVENUE STE 103 LONGWOOD FL 32779		Mailing Address 1220 DOUGLAS AVEN STE 103 LONGWOOD FL 32775	ł	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
		City & State		4. FEI Number 59-3431484 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
HORNEFFER, STEVEN G				
1220 DOUGLAS AVENUE			Street Addres	ss (P.O. Box Number is Not Acceptable)
SUITE 103 LONGWOOD FL 32779				
			City	FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept
Afte lake Checi	Signature by ed or printed name of registered ager FILE NOWI!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		TE: Registered Agent signature requ	Initial When reinstating) DATE   9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
).	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ile Ime Reet address IV-ST-ZIP	PSTD HORNEFFER, STEVEN G 1220 DOUGLAS AVE - #103 LONGWOOD FL 32779	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
le Me IEET Adoress Y - \$t - Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
e Ie Tet adoress		- Delete		- Change Addition
- ST-ZIP		* <b></b>	STREET ADDRESS CITY-ST-ZIP	
E E ET ADDRESS •ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change 🗌 Addition
T ADDRESS ST - ZIP		🗆 Delete	TITLE NAME STREET ADDRESS CJTY-ST-ZIP	Change Addition
T ADORESS ST - ZIP	. ,	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
I hereby cer indicated or of the corpo changed, or GNATU	r on an attachment with an address, wi	his filing does not qualify for t rue and accurate and that my rered to execute this report at h all other like empowered.	he exemption stated in Se signature shall have the s required by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if
UIMIN	SIGNATURE AND TYPED OFFIC	TED NAME OF SIGNING OFFICER OR		<u> </u>

T