

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030434

1. Entity Name

HORNER GROUP, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90031 035 ***150.00

Principal Place of Business

Mailing Address

771 SW SOUTH MACEDO BLVD
PORT ST LUCIE FL 34983

771 SW SOUTH MACEDO BLVD
PORT ST LUCIE FL 34983-1806

2. Principal Place of Business

3. Mailing Address

763 SW SOUTH MACEDO BLVD
Suite, Apt. #, etc.

763 SW SOUTH MACEDO BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-0755794

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

34983

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNER, ADAM C
771 SW SOUTH MACEDO BLVD
PORT ST LUCIE FL 34983

Name

HORNER, ADAM C.

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

763 SW SOUTH MACEDO BLVD.

City

PORT ST. LUCIE

FL

Zip Code

34983

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

Adam C. Horner ADAM C. HORNER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/2000

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 P
NAME HORNER, ADAM C
STREET ADDRESS 670 MW BOLLIAIR AVE
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☐ Delete

TITLE P
NAME HORNER, ADAM C.
STREET ADDRESS 670 NW BILLIAR AVE.
CITY-ST-ZIP PORT ST. LUCIE, FL 34983 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

Adam C. Horner ADAM C. HORNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

(561) 879-4500

Daytime Phone #

CR2E034 (9/99)