

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P970000 44630** ✓

1. Entity Name **HORIZON SOFTWARE CONSULTING GROUP CORP.**

Principal Place of Business **2261 Serenity Lane Palm Harbor, FL 34683**
Mailing Address **2261 Serenity Lane Palm Harbor, FL 34683**

2. Principal Place of Business **2261 Serenity Lane**
Suite, Apt. #, etc.
3. Mailing Address **2261 Serenity**
Suite, Apt. #, etc.

City & State **Palm Harbor FL**
Zip **34683** Country **USA**
City & State **Palm Harbor FL**
Zip **34683** Country **USA**

4. FEI Number **59 3456062**
Applied For ☐ Not Applicable

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

Daniel Lombardo **PRESIDENT**

Name **Daniel Lombardo**
Street Address (P.O. Box Number is Not Acceptable) **2261 Serenity Lane**
City **Palm Harbor** **FL** Zip Code **34683**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☐ Delete
NAME	Daniel Lombardo	
STREET ADDRESS	2261 Serenity Lane	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	VICE PRESIDENT	☐ Delete
NAME	Bryan Lombardo	
STREET ADDRESS	45 Steward St	
CITY-ST-ZIP	Trenton NJ 08610	
TITLE	Secretary - Treasurer	☐ Delete
NAME	Catherine Lombardo	
STREET ADDRESS	2261 Serenity Lane	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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: **Daniel Lombardo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2001

Date

727-786-9644

Daytime Phone #

34390

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)