2000 UNIFORM BUSINESS REPORT (UBR)

Jul 11, 2000 08:00 AM DOCUMENT # P98000025993 1. Entity Name **Secretary of State** HORIZON SITE SERVICES, INC. Principal Place of Business Mailing Address 3449 PARK SOUARE EAST #3 3449 PARK SOUARE EAST #3 FL FL TAMPA 33613 33613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3504735 Not Applicable Zip Country 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 BROWN 2529 WEST BUSCH BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 900 TAMPA 33618 Zip Code 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. 07/11/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Detete ☐ Change X Addition NAME SMITH PAT STREET ADDRESS STREET ADDRESS P.O.BOX 3107 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG 33731 TITLE ☐ Delete TITLE X Change ☐ Addition NAME TOUCHSTONE L. NAPIER NAME L. NAPIER P/D TOUCHSTONE STREET ADDRESS 3449 PARK SOUARE EAST #3 STREET ACCRESS 3449 PARK SQUARE EAST #3 CITY-ST-ZIF TAMPA FI. 33613 CITY-ST-7IP TAMPA FT. 33613 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED