

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 010 ***150.00

DOCUMENT # **p98000105090**

1. Entity Name

ALLAN K. HOROWITZ & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

659591

2. Principal Place of Business

900 WINDERLEY PLACE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 145

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

Zip

32751

Country

U.S.A.

Zip

Country

4. FEI Number

59-3547076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ALLAN K. HOROWITZ**

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

900 WINDERLEY PLACE, SUITE 145

City **MAITLAND**

FL

Zip Code **32751**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 to 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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P/S/D
ALLAN K. HOROWITZ
900 WINDERLEY PLACE SUITE 145
MAITLAND, FL 32751**

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE: **X Allan Horowitz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02

407 475 9090

CR2E034B (12/01)