

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90825 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105090					
1. Entity Name ALLAN K. HOROWITZ & ASSOCIATES, INC.					
DO NOT WRITE IN THIS SPACE					
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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/D ALLAN K. HOROWITZ 900 WINDERLEY PLACE, STE. 145 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Allan Horowitz</i>			4/29/03 (407) 475-9090		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034B (12/02)