

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90070 044 \*\*\*150.00

**DOCUMENT # P990000037526**

1. Entity Name

**HORIZON HOST, INC.**

Principal Place of Business

Mailing Address

**3250 U.S. HWY. 17 NORTH  
YULEE FL 32097****3250 U.S. HWY. 17 NORTH  
YULEE FL 32097-2233**

2. Principal Place of Business

3. Mailing Address

**460 S. LANE AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**JACKSONVILLE FL**

City &amp; State

4. FEI Number

**59-3574299**

Applied For

Not Applicable

Zip

Country

**32254****USA**

Zip

Country

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****ALTERMAN, LEONARD  
9116 CYPRESS GREEN DR., #207  
JACKSONVILLE FL 32256**

Name

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

City

**FL**

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.

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) ☐**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>CHOUDHRY, MUHAMMAD S</b>	<b>3250 U.S. HWY. 17 NORTH YULEE FL 32097</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>SHAREEF, TAHIR</b>	<b>3250 U.S. HWY. 17 NORTH YULEE FL 32097</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/99)