2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000045674** Feb 15, 2000 8:00 am **Secretary of State** HORN FRAMING AND CONSTRUCTION, INC. 02-15-2000 90021 022 ***150.00 Principal Place of Business Mailing Address 7033 CALIFORNIA ST. 7033 CALIFORNIA ST. BROOKSVILLE FL 34609 BROOKSVILLE FL 34609-8405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-Not Applicable Zip 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 HOGAN, THOMAS S JR. Street Address (P.O. Box Number is Not Acceptable) 20 S. BROAD ST. **BROOKSVILLE FL 34601** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE HORN, JOYCE NAME STREET ADDRESS 7033 CALIFORNIA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -**BROOKSVILLE FL 34609** President Sec y Tres ☐ Delete ☐ Change ☐ Addition TITLE Joyce K Horn St NAME NAME STREET ADDRESS STREET ADDRESS CITY.-ST-ZIP. CITY-ST-ZIP Change Addition vice Presidera ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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

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