

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

0473767

DOCUMENT # P99000052580

1. Entity Name

A. HORNER ENTERPRISES, INCORPORATED

02-05-2001 90014 002 \*\*\*150.00

Principal Place of Business

25151 EAST COLONIAL DRIVE  
 CHRISTMAS FL 32709

Mailing Address

25151 EAST COLONIAL DRIVE  
 CHRISTMAS FL 32709

A0019799



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1130 Gopher Slough Rd

3. Mailing Address

1130 Gopher Slough Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mims, FL

City & State

Mims, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32754

Country

Volusia

Zip

32754

Country

Volusia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNER, MARY ANITA  
 25151 EAST COLONIAL DRIVE  
 CHRISTMAS FL 32709

7. Name and Address of New Registered Agent

Name HORNER, MARY ANITA  
 Street Address (P.O. Box Number is Not Acceptable)  
 @ 1130 Gopher Slough Rd  
 City MIMS FL Zip Code 32754

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

Mary Anita Horner DPST

1-30-01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HORNER, MARY ANITA 25151 E COLONIAL DR CHRISTMAS FL 32709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HORNER, MARY ANITA 1130 Gopher Slough Rd MIMS, FL 32754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mary Anita Horner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

407-349-3139

Daytime Phone #

CR2E034 (10/00)