

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056876

1. Entity Name

HORIZONTAL INVESTMENTS, INC



FILED

05 MAR 11 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3440 O'berry Rd

3. Mailing Address

P.O. Box 420339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

05

City & State

Kissimmee florida

City & State

Kissimmee florida

4. FEI Number

65-0929662

Applied For

Not Applicable

Zip

34746

Country

Oceola

Zip

34746

Country

Oceola

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gladys Ramirez

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

3440 O'berry Rd

City

Kissimmee

FL

Zip Code

34746

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRO
NAME	Gladys Ramirez
STREET ADDRESS	3440 O'berry Rd
CITY - ST - ZIP	Kissimmee FL 34746
TITLE	SVD
NAME	Gladys Ramirez
STREET ADDRESS	3440 O'berry Rd
CITY - ST - ZIP	Kissimmee FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	800048829838
NAME	03/22/05--01007--003 **150.00
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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 907, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

G Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-2005

Date

Daytime Phone

CR2E0346 (12/02)