2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000073455 ~ 1. Entity Name HORNE'S SERVICES INC. 05-04-2001 90077 027 ***150.00 Principal Place of Business Mailing Address 15410 S.W. 157 TERRACE 15410 S.W. 157 TERRACE MIAMI FL 33187 MIAMI FL 33187 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0944621 Not Applicable \$8.75 Additional Cour Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORNE, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 15410 SW 157 TERR MIAMI FL 33187 Zip Code City 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. DATE Agent signature required when reinstating) and title if applicable (NOTE: Registe FILE NOW!!! FEE S \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee vill be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Chartment of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TIT TITLE HORNE, ROBERT W NAME NA 15410 S.W. 157 TERRACE ADDRESS STREET ADDRESS STE T-ZIP CIT CITY-ST-ZIP MIAMI FL 33187 Change Addition ☐ Delete TIT NAME ADDRESS STREET ADDRESS STR ST-21P CITY-ST-ZIP CIT ☐ Change ☐ Addition TITI ☐ Delete TITLE NAA NAME T ADDRESS STREET ADDRESS STR CITY-ST-ZIP CIT ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT NAME STRET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND PYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

obert Wesle

HORNE 4-17-

-17-C1 (305)384-824

Daytime Phone #