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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State
05-22-2000 90155 041 ***150.00

105381

DOCUMENT # P99000084760

1. Entity Name: Horizon Financial^R Group, Inc.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
4805 W. Laurel St.	4805 W. Laurel St
Suite, Apt. #, etc. 230	Suite, Apt. #, etc. 230
City & State: Tampa FL	City & State: Tampa FL
Zip: 33607 Country: USA	Zip: 33607 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607867 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Steven P. Riley
3333 Henderson Blvd. #150
Tampa FL 33609

7. Name and Address of New Registered Agent
Name: Steven P. Riley
Street Address (P.O. Box Number is Not Acceptable): 4805 W. Laurel St. Suite 230
City: Tampa FL Zip 33607

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	Officer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Steven P. Riley		NAME		
STREET ADDRESS	4805 W. Laurel St. suite 230		STREET ADDRESS		
CITY-ST-ZIP	Tampa Florida 33607		CITY-ST-ZIP		
TITLE	Officer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Kevin A. Cameron		NAME		
STREET ADDRESS	4805 W. Laurel St. Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Tampa, Florida 33607		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 4/20/2000 (813) 286-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #