

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90195 035 ***150.00

0601216 AT

DOCUMENT # P99000097298

1. Entity Name
HORIZON FINANCIAL AND ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 697
SILVER SPRINGS FL 34489

Mailing Address
P.O. BOX 697
SILVER SPRINGS FL 34489

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3599142

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, LARRY W
2880 NE 63RD STREET
OCALA FL 34479

Name **Larry W. McDaniel**
 Street Address (P.O. Box Number is Not Acceptable)

2340 NE 2nd St. #300
 City **Ocala** **FL** Zip Code **34470**

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, 2002 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 **VP** ☐ Delete
 NAME **MCELFRESH, SHAWN M**
 STREET ADDRESS **2603 SE 17TH STREET, SUITE B**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
 NAME **2340 NE 2nd St. #300**
 STREET ADDRESS **Ocala, FL 34470**
 CITY-ST-ZIP

TITLE **ST** ☒ Delete
 NAME **GUIDLEY, ANGELA L**
 STREET ADDRESS **2603 SE 17TH ST, SUITE B**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MCDANIEL, LARRY W**
 STREET ADDRESS **2603 SE 17TH STREET, SUITE B**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
 NAME **2340 NE 2nd St. #300**
 STREET ADDRESS **Ocala, FL 34470**
 CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)