

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # S40212

1. Entity Name
ALICE A HORTON, INC.

Principal Place of Business 321 ROWENA LN DUNEDIN FL 34698	Mailing Address P. O. BOX 2822 DUNEDIN FL 34697
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P. O. BOX 1405 Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State DUNEDIN FL	City & State DUNEDIN FL
Zip 34698	Country

4. FEI Number 59-3113254	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

HORTON, ALICE A.
 321 ROWENA LN

 DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
 HORTON ALICE A
 Street Address (P.O. Box Number is Not Acceptable)
 321 ROWENA LN

 City DUNEDIN FL Zip Code 34698

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 **ALICE A. HORTON**

04/27/2001

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 D NAME HORTON, ALICE A. STREET ADDRESS 321 ROWENA LN CITY-ST-ZIP DUNEDIN FL 34698	<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 D NAME HORTON ALICE A STREET ADDRESS 321 ROWENA LN CITY-ST-ZIP DUNEDIN FL 34698	<input checked="" 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: **ALICE A. HORTON**

D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)