## **DOCUMENT #** V70222 1. Entity Name HORIZON ELECTRONICS LOSS PREVENTION, INC.

Principal Pla	ace of Business		Mailing Address								
7925 EVIES WAY PORT RICHEY FL 34668			7925 EVIES WAY PORT RICHEY FL 34668								
'										EIEH BIZH IZA	
2. Principal Place of Business			3. Mailing Address							0/01/ 0/01/ 10 <b>0</b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number 59-3140304			-	pplied For	
Zip Country		Country	Zip Cour		ett weiterberg et	5. Certificate of Status Desired			8.75 Ad	lot Applicable Iditional	
	6 Name and	Address of Current Re	colorand & ward					F	ee Require	ed	
	o. Name and	Address of Current Re	gistered Agent	- I Ni	ame	7. Name and	Address of New Re	egistered A	<u>jent</u>		
DAVIS, G	ARV I				Name						
=	O COUNTY ROA	D SA		Street Address (F			P.O. Box Number is Not Acceptable)				
	COUNTY HOA	U 34				<del>_</del>	<del> </del>				
SUITE E	OT DIQUEV SI A	1000									
NEW PORT RICHEY FL 34653				Ci	ty		•	FL	Zip Coc	de	
8. The above	e named entity sul	omits this statement for th	ne purpose of changing its	registered of	fice or registered	d arrent or ho	th, in the State of Flor		1		
ą.	•			- 29.000.00	noo or registered	a agent, or bo	ur, in the State of Flor	iua.			
SIGNATURE	-										
	Signature, typed or prii	nted name of registered agent and	title if applicable. (NOTE	: Registered Ager	nt signature required wh	hen reinstating)		DATE			
9. This corp	poration is eligible t	o satisfy its Intancible	FILE NOW!	I EEE IC C	150.00	1			<del></del>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00		he \$550 00		ection Campaign Fina		\$5.0	<b>00</b> May Be	
	eria on back)		Make Check Payabl	le to Depart	ment of State	Tru	ist Fund Contribution.	. $\square$		d to Fees	
11.		OFFICERS AND DIF		12.			CHANGES TO OFFIC	CERS AND C	IDECTOR	PQ INI 11	
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STREET ADDRESS	Joseph Director Leaders			STREET ADD	RESS						
CITY-ST-ZIP	NEW PORT RIC	CHEY FL 34653		CITY-ST-ZI	P .		•				
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NAME	سار العدادة المحدد دارواد دار			NAME					_ •		
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e 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 to 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 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 the ampowered.