

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90431 033 \*\*\*150.00

**DOCUMENT # P99000100996**

1. Entity Name  
**NEW HORIZONS OF HILLSBOROUGH, INC.**

Principal Place of Business <b>1755 W BRANDON BLVD          STE N          BRANDON FL 33511</b>	Mailing Address <b>1755 W BRANDON BLVD          STE N          BRANDON FL 33511</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>119c</b>	3. Mailing Address <b>119c</b>
Suite, Apt. #, etc. <b>CENTRAL DRIVE</b>	Suite, Apt. #, etc. <b>CENTRAL DRIVE</b>
City & State <b>BRANDON FL</b>	City & State <b>BRANDON FL</b>

4. FEI Number <b>59-3623685</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>OTTEWELL, SIMON          1755 W BRANDON BLVD STE N          BRANDON FL 33511</b>		7. Name and Address of New Registered Agent <b>119c CENTRAL DRIVE          BRANDON          FL 33511</b>	
--	--	---	--

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]* DATE: *1/29/02*

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 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 P	OTTEWELL, MR SIMON 1744 W BRANDON BLVD BRANDON FL 33511	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NEW ADDRESS
STREET ADDRESS	119c CENTRAL DR BRANDON FL 33511	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: *1/29/02* DAYTIME PHONE # *812 651 5454*

*SIMON OTTEWELL*

CR2E034 (9/01)