

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90026 027 \*\*\*\*70.00

0023602

**DOCUMENT # 756195**

1. Entity Name

**WIDE HORIZONS INC.**

Principal Place of Business

264 N. BROOKE CIR.  
 OAK HILL FL 32759  
 US

Mailing Address

264 N. BROOKE CIR.  
 OAK HILL FL 32759  
 US

**00031424**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2096316**

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

**CHAUDOIN, JAMES EDWARD**  
 264 N. BROOKE CIR.  
 OAK HILL FL 32759

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Delete  
 NAME: **VSTD CHAUDOIN, JAMES E**  
 STREET ADDRESS: **264 N. BROOKE CIR.**  
 CITY-ST-ZIP: **OAK HILL FL 32759**

TITLE:  Change  Addition  
 NAME: **VSD**  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **D CHAUDIN, MARILYN**  
 STREET ADDRESS: **264 N. BROOKE CIR.**  
 CITY-ST-ZIP: **OAK HILL FL 32759**

TITLE:  Change  Addition  
 NAME: **STD**  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **PD DEWEES, LINDA A.**  
 STREET ADDRESS: **246 E. HALIFAX AVENUE**  
 CITY-ST-ZIP: **OAK HILL FL 32759**

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

TITLE:  Delete  
 NAME: **D MALPHURS, DEBBRA J**  
 STREET ADDRESS: **354 PALM AVENUE**  
 CITY-ST-ZIP: **OAK HILL FL 32759**

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

TITLE:  Delete  
 NAME: **D CARLILE, CARLOS**  
 STREET ADDRESS: **534 POINSETTA AVENUE**  
 CITY-ST-ZIP: **TITUSVILLE FL 32796**

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James Edward Chaudoin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-01**  
 Date

**904-345-3889**  
 Daytime Phone #

CR2E037 (10/00)