

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90075 041 \*\*\*\*75.00

**DOCUMENT # 756195**

1. Entity Name

**WIDE HORIZONS INC.**

Principal Place of Business

Mailing Address

264 N. BROOKE CIR.  
 OAK HILL FL 32759  
 US

264 N. BROOKE CIR.  
 OAK HILL FL 32759  
 US

**360758**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**4850 SE 117th PL**

**PO Box 356**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Belleview**

City & State  
**Belleview**

4. FEI Number  
**59-2096316**

Applied For  
 Not Applicable

Zip  
**34420**

Country  
**USA**

Zip  
**34421**

Country  
**USA**

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

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4850 SE 117th PL**

City **Belleview** FL Zip Code **34420**

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 **James Edward Chaudin**  
 Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**4-27-02**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	VD CHAUDIN, JAMES E 264 N. BROOKE CIR. OAK HILL FL 32759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAUDIN, MARILYN 264 N. BROOKE CIR. OAK HILL FL 32759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWEES, LINDA A. 246 E. HALIFAX AVENUE OAK HILL FL 32759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALPHURS, DEBBRA J 354 PALM AVENUE OAK HILL FL 32759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLILE, CARLOS 534 POINSETTA AVENUE TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4850 SE 117th PL</b> <b>Belleview, FL 34420</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4850 SE 117th PL</b> <b>Belleview, FL 34420</b>
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

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 Chaudin**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-02** **352-347-7367**  
 Date Daytime Phone #

CR2E037 (9/01)