

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000003223**1. Entity Name
NEW HORIZONS TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business

5446 S. SEMORAN BLVD

ORLANDO
34789

FL

Mailing Address

5446 S. SEMORAN BLVD

ORLANDO
34789

FL

2. Principal Place of Business

5449 S. SEMORAN BLVD

Suite, Apt. #, etc.
SUITE 233City & State
ORLANDO

FL

Zip
32822Country
US

3. Mailing Address

5449 S. SEMORAN BLVD

Suite, Apt. #, etc.
SUITE 233City & State
ORLANDO

FL

Zip
32822Country
US4. FEI Number
59-3635261

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAKEFIELD S. CRAIG ESQ
C/O WAKEFIELD & ASSOCIATES, P.A.
1400 WEST OAK STREET, SUITE A
KISSIMMEE
34741

FL

US

7. Name and Address of New Registered Agent

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 _____ **02/08/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME COOKE CARL W
STREET ADDRESS 3644 CAMELOT DRIVE, SUITE 2B
CITY-ST-ZIP GRAND RAPIDS MI 49546TITLE T ☐ Delete
NAME FOLCK ANDREW
STREET ADDRESS 264 WHITAKER AVENUE SOUTH
CITY-ST-ZIP POWELL OHTITLE S ☐ Delete
NAME MCCABE KENNETH L
STREET ADDRESS 8128 TROXLER DR.
CITY-ST-ZIP ORLANDO FL 32879TITLE PD ☐ Delete
NAME WILSON KAREN MCCABE
STREET ADDRESS 714 CANTERBURY LANE
CITY-ST-ZIP KISSIMMEE FL 34741TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☒ Change ☐ Addition
NAME WILSON KAREN MMS.
STREET ADDRESS 714 CANTERBURY LANE
CITY-ST-ZIP KISSIMMEE FL 34741TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Karen M. Wilson

PD

02/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)