

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90138 037 ***158.75

DOCUMENT # F00000003223

1. Entity Name
NEW HORIZONS TECHNOLOGIES INTERNATIONAL, INC.



Principal Place of Business
**5575 S. SEMORAN BLVD
SUITE 30
ORLANDO, FL 32822 US**

Mailing Address
**5575 S. SEMORAN BLVD
SUITE 30
ORLANDO, FL 32822 US**

2. Principal Place of Business
557

3. Mailing Address
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
59-3635261

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

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

7. Name and Address of New Registered Agent

Name **Karen M. Wilson**
Street Address (P.O. Box Number is Not Acceptable)
5575 S. Semoran Blvd., Suite 30
City **Orlando** **FL** Zip Code **32822**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

5/19/2003

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILED MAY 19 2003 FOR \$150.00
After May 1, 2003 fees will be \$250.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, KAREN M MS. 714 CANTERBURY LANE KISSIMMEE, FL 34741	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCABE, KENNETH L 8128 TROXLER DR. ORLANDO, FL 32879	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Billy Lee McClanahan 887 Georgia Avenue Winter Park, FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ralph V. Hadley, III 1031 West Morse Blvd., 3rd floor Winter Park, FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 607, 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

5/19/2003

407-736-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)