FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # HOR 7/2 1. Entity Name New Horizons Realty of EnGlewood, INC					05-24-2002 91331 041 ***150.00	
DO NOT WRITE IN THIS SPACE					66 83 5 8	
	Place of Business 1 S. A CC S Rd	3. Mailing Address 3 579 S A	ccess Rd	1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	20, 20, 10, 2	1	DO NOT WRITE IN THIS SPACE	
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	ewood Fl	Fnglewoo	d F I	1. [592414680 Not Applicable	Ì
2 4 2	24 Charlotte	^{Zip} 34224	ChARLOTTE	5 . C	Certificate of Status Desired Securificate of Status Desired Fee Required	ĺ
<u> </u>	<u> </u>	1	07//0/07/	7. Nar	me and Address of Current Registered Agent	
اللي المنطقة ويوسو	DO NOT WI				AS MClennon OF Number is Not Acceptable) Rd. Suite B South Mccall Rd. Suite B	
			City Fnq	leu	vood FL zip co 4223	
8. The above	named entity submits this statement for	the purpose of changing its re	······			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	fregislered Agent signature requir	ed when rei	aiskang) DATE	
9. This corporation is eligible to satisfy its Intangible Say filing requirement and alects to do so After May 1,						
ax filing r	requirement and elects to do so.	After May 1, Amended	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of St	ate	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
(See criter	requirement and elects to do so. ria on back) OFFICERS AND D	After May 1, Amended I Make Check Payable	, Fee is \$550.00 UBR is \$61.25	ate		
(See criter	requirement and elects to do so. ria on back) OFFICERS AND D	After May 1, Amended I Make Check Payable	, Fee is \$550.00 UBR is \$61.25 to Department of St	ate		2/04)
(See criter 11. TITLE NAME STREET ADDRESS	equirement and elects to do so. ria on back) OFFICERS AND D P. S MONTE T. Smith 3579 S. ACCES R	After May 1, Amended Make Check Payable IRECTORS	Fee is \$550.00 UBR is \$61.25 TO Department of St THE HAME STREET ADDRESS	ate		JB (12/01)
Tax filing r (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. Monte I. Smith 3579 S. Access R	After May 1, Amended I Make Check Payable	Fee is \$550.00 UBR is \$61.25 to Department of St TITLE HAME STREET ADDRESS CITY-SI-ZIP	ate		F034B (12/01)
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13. Thereby certify that the information supplied with this fifting 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 office of 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 or an attachment with an address, with all other like empowered.

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altan M. Boch

KAThleen M. Beck

5/1/2002

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