

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90053 022 ***150.00

DOCUMENT # K06050

1. Entity Name
NEW HORIZONS INSURANCE, INC.

Principal Place of Business
955 6TH ST. S.E.
WINTER HAVEN FL 33880

Mailing Address
955 6TH ST. S.E.
WINTER HAVEN FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1211 6TH ST SE
 Suite, Apt. #, etc.

3. Mailing Address
1211 6TH ST SE
 Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL
 Zip
33880 Country
POLK

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WINTER HAVEN, FL
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4. FEI Number **59-2872085**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JUDD, NORMA
955 6TH STREET S.E.
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name **T. J. ZINSMEISTER**

Street Address (P.O. Box Number is Not Acceptable)
1211 6TH ST SE

City **WINTER HAVEN** FL Zip Code **33880**

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]* **PRESIDENT** DATE **3/4/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PS** ☒ Delete
 NAME **JUDD, NORMA**
 STREET ADDRESS **955 6TH ST SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VP** ☒ Delete
 NAME **JUDD, CHESTER**
 STREET ADDRESS **955 6TH ST SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **ZINSMEISTER, T. J.**
 STREET ADDRESS **1211 6TH ST SE**
 CITY-ST-ZIP **WINTER HAVEN, FL. 33880**

TITLE **VSD** ☐ Change ☒ Addition
 NAME **ZINSMEISTER, PAMELA**
 STREET ADDRESS **1211 6TH ST SE**
 CITY-ST-ZIP **WINTER HAVEN, FL. 33880**

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02 863 299-9500
 Date Daytime Phone #

CR2E034 (9/01)