

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20046

1. Entity Name
NEW HORIZONS PLANNING INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90031 024 ***150.00

Principal Place of Business
% RICHARD G. JANIGA
3042 LAKE JUNE BLVD.
LAKE PLACID FL 33852

Mailing Address
% RICHARD G. JANIGA
3042 LAKE JUNE BLVD.
LAKE PLACID FL 33852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2883148		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JANIGA, RICHARD G. 3042 LAKE JUNE BLVD. LAKE PLACID FL 33852		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVD	TITLE	
NAME	JANIGA, RICHARD G.	NAME	
STREET ADDRESS	3042 LAKE JUNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	JANIG, FRANCES	NAME	
STREET ADDRESS	3042 LAKE JUNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: RICHARD JANIGA Richard Janiga, Pres. 2/15/01 863-465-6068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0380057

CR2ED34 (10/00)