

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000004430**

1. Entity Name

**NEW HORIZON SERVICE GROUP INC.****FILED****01 SEP 27 PM 12:30****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2 SOUTH ROYAL POINCIANNA BLVD.  
MIAMI SPRINGS FL 33166**

Mailing Address

**2 SOUTH ROYAL POINCIANNA BLVD.  
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**2 SOUTH ROYAL POINCIANNA BLVD**

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

**MIAMI SPRINGS FL**

4. FEI Number

**65-1021866**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33166****USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**O'NEAL, STEPHEN  
1629 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent

Name **JOHN A. DAVIS**

Street Address (P.O. Box Number is Not Acceptable)

**2 S. ROYAL POINCIANNA BLVD**

City

**MIAMI SPRINGS**

FL

Zip Code

**33166**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25****After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MADAN, CLAIRE DR.</b>	
STREET ADDRESS	<b>2 SOUTH ROYAL POINCIANNA BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITNEY, JOHN</b>	
STREET ADDRESS	<b>2 SOUTH ROYAL POINCIANNA BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O'NEAL, STEPHEN</b>	
STREET ADDRESS	<b>2 SOUTH ROYAL POINCIANNA BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES L. MURPHY</b>	
STREET ADDRESS	<b>449 SWALLOW DR #1</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN DAVIS</b>	
STREET ADDRESS	<b>2 S. ROYAL POINCIANNA BLVD</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/01**

Date

**305 639 9919**

Daytime Phone #