

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007477

FILED
May 25, 2003
Secretary of State

Entity Name: NEW HORIZON ADULT DAYCARE CENTER, INC.

Current Principal Place of Business:

1622 WEST BLUE HERON
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1622 WEST BLUE HERON
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 50-0003294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, BENNIE SR.
1622 WEST BLUE HERON
RIVIERA BEACH, FL 33404

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, BENNIE SR.
Address: 1622 WEST BLUE HERON
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: JONES, DOROTHY
Address: 1622 WEST BLUE HERON
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: GREENE, KARTISA
Address: 1521 WEST 11TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: V () Delete
Name: MITCHELL, DOROTHY P
Address: 2240
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S () Delete
Name: LEWIS, DIANE P
Address: 450 WEST 37TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T () Delete
Name: FLOYD, ALZEN
Address: 213 CANTERBURY DRIVE WEST
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY JONES

D

05/25/2003

Electronic Signature of Signing Officer or Director

Date