

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000911

1. Entity Name

A NEW HORIZON, CREDIT COUNSELING SERVICES, INC.

FILED

01 APR 17 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 600 SOUTH FEDERAL HWY 214 DEERFIELD BCH FL 33441 US	Mailing Address 600 SOUTH FEDERAL 214 DEERFIELD BCH FL 33441
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2. Principal Place of Business 500 Fairway Drive Suite, Apt. #, etc. Suite # 208 City & State Deer Field Beach, FL Zip 33441 Country USA	3. Mailing Address 500 Fairway Drive Suite, Apt. #, etc. Suite # 208 City & State Deerfield Beach, FL Zip 33441 Country USA
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4. FEI Number 65-0564008	Applied For Not Applicable
5. Certificate of Status Desired ★	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCUS, STEPHEN D 600 SOUTH FEDERAL HWY #214 DEERFIELD BEACH FL 33441	7. Name and Address of New Registered Agent Name Stephen D. Marcus Street Address (P.O. Box Number is Not Acceptable) 500 Fairway Drive Suite # 208 City Deer Field Beach FL Zip Code 33441
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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 Stephen D. Marcus Stephen D. Marcus 4/9/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS MARCUS, STEPHEN D 600 SOUTH FEDERAL HWY STE 214 DEERFIELD BCH FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISBIN, JUDI 600 SOUTH FEDERAL HWY STE 214 DEERFIELD BCH FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MARCUS, HAROLD 600 SOUTH FEDERAL HWY STE 214 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, DAVID 210 UNIVERSITY DR #502 CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS marcus, stephen D 500 Fairway Drive #208 Deer Field Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisbin, Judi 500 Fairway Drive #208 Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carnoto, Rene O. 500 Fairway Drive #208 Deerfield Beach, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004082496 -04/26/01--01109--015 *****61.25 *****61.25 70.00 <input type="checkbox"/> Change 70.00 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

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: Stephen D. Marcus Stephen D. Marcus 4/9/01 (954) 420-0402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)