

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90015 030 ***150.00

DOCUMENT # **PD1000086875**

1. Entity Name

New Horizon Pet Services Inc.

DO NOT WRITE IN THIS SPACE

B0136921

2. Principal Place of Business

1941 PARK MEADOWS DRIVE

Suite, Apt. #, etc.

UNIT 8

City & State

FORT MYERS, FL.

Zip

33907

Country

USA

3. Mailing Address

1941 PARK MEADOWS DRIVE

Suite, Apt. #, etc.

UNIT 8

City & State

FORT MYERS, FL.

Zip

33907

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **William A. Belky**

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

1941 Park Meadows Dr.

Unit 8

City **Fort Myers**

FL

Zip Code **33907**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and fee if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

☐ ELEC. Campaign Financing
No. 10. 11. 12. 13.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D/P/V/S/T**
NAME **William Belky**
STREET ADDRESS **7421 Garry Road.**
CITY-ST-ZIP **Fort Myers, FL. 33912**

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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 on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02

Date

Daytime Phone #

CR2E034B (12/01)