

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

02-24-2003 90160 020 ***150.00

DOCUMENT # P02000002135

1. Entity Name
NEW HORIZONS TODAY, INC.



Principal Place of Business
10101 W SAMPLE RD. SUITE A-B
CORAL SPRINGS FL 33065

Mailing Address
10101 W SAMPLE RD. SUITE A-B
CORAL SPRINGS FL 33065



2. Principal Place of Business

12472 W ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address

12472 W ATLANTIC BLVD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

01-0576483

Applied For

Not Applicable

Zip 33071

Country

FLORIDA

Zip 33071

Country

FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAIRE, BENJAMIN H
5100 W COPANS RD, SUITE #900
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: KAREN THARP
Street Address (P.O. Box Number is Not Acceptable): 12472 W ATLANTIC BLVD
City: Coral Springs FL Zip Code: 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D **NAME** GRASSO, JOSEPH ☐ Delete
STREET ADDRESS 10101 W SAMPLE RD, SUITE A-B
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D **NAME** THARP, KAREN ☐ Delete
STREET ADDRESS 10101 W SAMPLE RD, SUITE A-B
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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

2/4/03

Date

954-753-6733

Daytime Phone #

CR2E034 (10/02)