

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 023 ***150.00

DOCUMENT # **P02000040450**

1. Entity Name
NEW HORIZON SOLUTIONS, INC.



Principal Place of Business
**6753 THOMASVILLE RD.
TALLAHASSEE FL 32317**

Mailing Address
**PMB #135
6753 THOMASVILLE RD.
TALLAHASSEE FL 32312**



2. Principal Place of Business
PMB 135
Suite, Apt. #, etc.

3. Mailing Address
PMB 135 6753 Tville Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State Tallahassee		City & State Tallahassee		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32317	Country USA	Zip 32317	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVANS, ALTON JR. 6753 THOMASVILLE RD. TALLAHASSEE FL 32317	7. Name and Address of New Registered Agent Name ALTON EVANS Street Address (P.O. Box Number is Not Acceptable) 3408 Brian Branch Trail City TALL. State FL Zip Code 32312
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALTON EVANS JR** (NOTE: Registered Agent Signature required when reinstating) DATE **4-30-03**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President & CEO	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALTON EVANS			NAME		
STREET ADDRESS 3408 BRIAN BRANCH TR			STREET ADDRESS		
CITY-ST-ZIP TALL, FL. 32312			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: **ALTON EVANS JR**