

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

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90084 013 ***150.00

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1. Entity Name

NEW HORIZON TIMBER COMPANY



DO NOT WRITE IN THIS SPACE

40058088



2. Principal Place of Business
PO Box 771238

3. Mailing Address
PO Box 771238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
65-1102968

Applied For
Not Applicable

Zip
33077

Country

Zip
33077

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael Oliver

Street Address (P.O. Box Number is Not Acceptable)
11010 S.W. 1st Court

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

Michael Oliver, Pres

Michael Oliver

4/12/2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PTSD	Michael Oliver	11010 S.W. 1st Court	Coral Springs, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Michael Oliver, Pres

Michael Oliver

4/12/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)