

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-31-2000 90056 013 ***150.00

DOCUMENT # P97000081262

1. Entity Name

NEW HORIZONS MARKETING INC.

R

Principal Place of Business 5114 POSTELL DR HOLIDAY FL 34690	Mailing Address 5114 POSTELL DR HOLIDAY FL 34690-2133
--	---

2. Principal Place of Business <i>10714 Alieo Pass</i>	3. Mailing Address <i>10714 Alieo Pass</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>New Port Richey FL</i>	City & State <i>New Port Richey FL</i>	4. FEI Number 59-3469470	Applied For <input type="checkbox"/>
Zip <i>34655</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MICKENS, MAURICE 5114 POSTELL DR. HOLIDAY FL 34690	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>10714 Alieo Pass</i> City <i>New Port Richey FL</i> Zip Code <i>34655</i>
--	--

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 title 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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICKENS, JOAN 5114 POSTELL DR HOLIDAY FL 34690 <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAURICE MICKENS 10714 ALIEO PASS NEW PORT RICHEY FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maurice Mickens **MAURICE MICKENS** 4-25-00

CR21 034 (1/99)