

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90160 020 ***150.00

000386 AT

DOCUMENT # P99000094538

1. Entity Name

NEW HORIZONS PROPERTY MANAGEMENT, INC.



Principal Place of Business

**2300 DOUGLAS ST #7
HOLLYWOOD FL 33020**

Mailing Address

**2300 DOUGLAS ST #7
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0984247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JONES, GAIL W
717 SW 8TH STREET
DANIA FL 33004**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/03

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 ☐ Delete
NAME **D**
STREET ADDRESS **ANDERSON, MICHAEL K**
CITY-ST-ZIP **6620 SW 20TH ST
MIRAMAR FL 33023**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCCRAY, JAKE**
CITY-ST-ZIP **742 SW 4TH ST
DANIA BEACH FL 33004**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCDUFFIE, BETTYE C**
CITY-ST-ZIP **10961 TAFT ST
PEMBROKE PINES FL 33026**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PERRY, BOB**
CITY-ST-ZIP **219 SW 21ST WAY
FT LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OCTAVIO, ALLEN**
CITY-ST-ZIP **2254 DOUGLAS ST
HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03

CR2E034 (10/02)