FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/2/

FILED
Sep 20, 2004 8:00 am
Secretary of State
09-02-2004 90077 024 ***558.75

DOCUMENT # 359129

1. Entity Name
NEW HORIZINS GENERAL CONTRACTORS, INC.

DO NOT WRITE IN THIS SPACE

66433819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2511 PARK Street	2511 PARK Street
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA
Zip 33460 Country	Zip 33460 Country

4. FEI Number 65-0269494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ANNUNZIATA, Louis
Street Address (P.O. Box Number is Not Acceptable) 2511 PARK STREET Suite D
City LAKE WORTH FL Zip Code 33460

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	TITLE	
NAME	TERESA ANNUNZIATA	NAME	
STREET ADDRESS	2511 PARK STREET 33460	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FLORIDA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	Gary	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Teresa Annunziata 8/04/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/13/04

ATTAchment
#S59129
66433819

9/13/04
Spoke with Gary-
in your office
he said to white
out Louis Annunziata
and sign my
name Thanks
Teresa Annunziata