

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90060 016 ***150.00

DOCUMENT # P00000050279

1. Entity Name

CAREER COACHES, INC.

Principal Place of Business

**5911 SWAMP FOX ROAD
 JACKSONVILLE FL 32210**

Mailing Address

**5911 SWAMP FOX ROAD
 JACKSONVILLE FL 32210**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-368-7892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED
 1000 WEST AVENUE
 NO. 1114
 MIAMI BEACH FL 33139-0000**

Name **Gresham Stoneburner c/o Stoneburner, Berry
 & Simmons**

Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive,

Suite 2000

City **Jacksonville, FL**

FL

Zip Code **32202**

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 **Gresham Stoneburner, Esq.**

Gresham R Stoneburner

4/24/01

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.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	D	<input type="checkbox"/> Delete
NAME	FRECHETTE, RONALD J	
STREET ADDRESS	5911 SWAMP FOX ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frechette, Ronald J.	
STREET ADDRESS	5911 Swamp Fox Road	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frechette, Stephanie T.	
STREET ADDRESS	5911 Swamp Fox Road	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: **Ronald J. Frechette, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (9ca) 317-3193

DATE

Daytime Phone #

CR2E034 (10/00)