

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007649

1. Entity Name

DATABASE CAREER NET, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90020 009 ***550.00

Principal Place of Business

~~324 MAPLECREST CIRCLE~~
JUPITER FL 33458

Mailing Address

~~324 MAPLECREST CIRCLE~~
JUPITER FL 33458

2. Principal Place of Business

4521 PGA Blvd

3. Mailing Address

4521 PGA Blvd

Suite, Apt. #, etc.

190

Suite, Apt. #, etc.

190

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS

Zip

33418

Country

USA

Zip

33418

Country

USA

4. FEI Number

65-0809731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAKISTON, HENRY Y
1001 N. US HIGHWAY ONE, SUITE 600
JUPITER FL 33458

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.

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD
NAME JACKSON, GREGORY R
STREET ADDRESS ~~324 MAPLECREST CIRCLE~~
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME JACKSON, GREGORY R ☒ Change ☐ Addition
STREET ADDRESS 4521 PGA Blvd #190
CITY-ST-ZIP Palm Beach Gardens FL 33418

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED - 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-697-0789

CR2E034 (5/00)