

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90010 003 ***550.00

0009738 AV

DOCUMENT # P99000073463

1. Entity Name

CAREER RESOURCES, INC.

LA

Principal Place of Business

**585 AVON GLADE PLACE
 SANFORD FL 32771**

Mailing Address

**585 AVON GLADE PLACE
 SANFORD FL 32771**

2. Principal Place of Business

SAME

3. Mailing Address

1025 GREENWOOD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 300

City & State

City & State

LAKE MARY, FL.

Zip

Country

Zip

Country

32746

US

4. FEI Number

59-3594397

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARR, KIMBERLY G
 585 AVON GLADE PLACE
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

N/A

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

KIMBERLY G. CARR, PRESIDENT

7/18/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

☒ 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 12, 2001 Fee 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 **V** ☐ Delete
 NAME **HOFLER, FRANCES**
 STREET ADDRESS **443 WILMINGTON CIRCLE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **T** ☒ Delete
 NAME **CARR, DERRICK**
 STREET ADDRESS **443 WILMINGTON CIRCLE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **KIM CARR**
 STREET ADDRESS **585 AVON GLADE PL.**
 CITY-ST-ZIP **SANFORD, FL. 32771**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-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:

DERRICK G. CARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-01 407 862-1161

Date

Daytime Phone #

CR2E034 (5/01)