FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91520 019 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749893

1. Entity Name
CAREER OPTIONS of PINELLAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6101 33rd Ave No.	6101 33rd Ave. No.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St Petersburg, FL
Zip: 33710 Country: USA	Zip: 33710 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1982714 ☐ 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: TRAUSCHT, GEORGIENNE

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

6101 33rd Ave. No.

City: St. Petersburg FL Zip Code: 33710

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KOYUTIS, BARBARA
STREET ADDRESS	5501 BATES ST.
CITY-ST-ZIP	SEMINOLE, FL
TITLE	~~ED~~ VD
NAME	REAGIN, LESLIE D.
STREET ADDRESS	720 BLUFF VIEW DR.
CITY-ST-ZIP	LARGO, FL
TITLE	TD
NAME	THOMPSON, ROBERT, JR.
STREET ADDRESS	1237 S. MYRTLE AVE, STE 304
CITY-ST-ZIP	CLEARWATER, FL
TITLE	~~ED~~ D
NAME	COOPER, ALBERT
STREET ADDRESS	1230 S. MYRTLE AVE, STE 102
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	FILLYAW, ERNEST
STREET ADDRESS	2366 7th AVE SO.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	ED
NAME	TRAUSCHT, GEORGIENNE
STREET ADDRESS	6101 33rd AVE NO.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Georgienne Trauscht GEORGIENNE TRAUSCHT 4/19/02 727-343-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #