

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90070 044 ***158.75

DOCUMENT # J34341

1. Entity Name
CAREER CONNECTION, INC.



Principal Place of Business
2201 CORPORATE BLVD., N.W.
SUITE 108
BOCA RATON FL 33431

Mailing Address
3340 PEACHTREE RD., N.E.
SUITE #1800
ATLANTA GA 30326



2. Principal Place of Business
1900 CORPORATE BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 400 E

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

Zip
33431

Country

USA

Zip

Country

4. FEI Number **65-0001060**

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

MASTERS, PAM
648 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KILLGORE, JESSICA ☐ Delete
3340 PEACHTREE RD, N.E., #1800
ATLANTA GA 30326

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KILLGORE, ROBERT A ☐ Delete
3340 PEACHTREE RD, N.E., #1800
ATLANTA GA 30326

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

TITLE
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT KILLGORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03 404-814-5282

Date

Daytime Phone #

CR2E034 (10/02)