

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08094

1. Entity Name

CAREER PROFESSIONALS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90169 038 ***150.00

Principal Place of Business

Mailing Address

WALKER, BARTON T
1030 PEACOCK AVENUE, N.E.
PALM BAY FL 32907
US

C/O BARTON T. WALKER
POST OFFICE BOX 336
MELBOURNE FL 34203-7931
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

BARTON T. WALKER
Suite, Apt. #, etc.
10515 CYPRESS PT. DR.

CAREER PROFESSIONALS, INC
Suite, Apt. #, etc.
10515 CYPRESS PT. DR.

City & State
BRADENTON, FL
Zip
34202
Country
USA

City & State
BRADENTON, FL
Zip
34202
Country
USA

4. FEI Number 59-2874358

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

WALKER, BARTON T
1030 PEACOCK AVENUE, NE
PALM BAY FL 32907

Name BARTON T. WALKER
Street Address (P.O. Box Number is Not Acceptable)
10515 CYPRESS PT. DR.
City BRADENTON FL Zip Code 34202

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 Barton T. WALKER - PRESIDENT Barton T. Walker - President 4/5/00
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, 2000 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 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, BARTON T.	
STREET ADDRESS	1030 PEACOCK AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, SHARON A.	
STREET ADDRESS	1030 PEACOCK AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10515 CYPRESS PT DR.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10515 CYPRESS PT. DR.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Barton T. Walker BARTON T. WALKER 4/5/00 (941)360-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)