FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90467 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08094

1. Entity Name
CAREER PROFESSIONALS, INC.

90039062

Principal Place of Business
WALKER, BARTON T
10515 CYPRESS PT DR
BRADENTON, FL 34202 US

Mailing Address
C/O BARTON T. WALKER
CAREER PROFESSIONAL INC
BRADENTON, FL 34202 US

2. Principal Place of Business	3. Mailing Address
1343 Main Street	
Suite, Apt. #, etc. 300	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State
Zip 34236 Country Sarasota	Zip / Country

[X] CHECK HERE IF MAKING CHANGES

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
WALKER, BARTON T
10515 CYPRESS PT DR
BRADENTON, FL 34202

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

SIGNATURE Barton T. Walker Barton T. Walker 2-27-03
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

TITLE	D	☐ Delete
NAME	WALKER, BARTON T.	
STREET ADDRESS	10515 CYPRESS PT DR	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	D	☐ Delete
NAME	WALKER, SHARON A.	
STREET ADDRESS	10515 CYPRESS PT DR	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Barton T. Walker 2-27-03 (941) 360-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Barton T. Walker