

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/4

FILED

04 JAN 21 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000007004

1. Entity Name
VOCATIONAL EVALUATION SERVICES, INC.

Principal Place of Business
11595 KELLY ROAD
SUITE 211
FORT MYERS, FL 33908

Mailing Address
11595 KELLY ROAD
SUITE 211
FORT MYERS, FL 33908



01142004 Chg-NP CR2E037 (10/03) 04

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
331067761

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

NOLAN, PAUL F CPA
11595 KELLY ROAD
SUITE 119
FORT MYERS, FL 33908

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

Paul F Nolan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME TAYLOR, DONNA B
STREET ADDRESS 11595 KELLY ROAD, SUITE 211
CITY-ST-ZIP FORT MYERS, FL 33908

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

TITLE DIR ☐ Delete
NAME YOUNG, TRACY H MA
STREET ADDRESS 525 WEST FIFTH STREET, SUITE 118
CITY-ST-ZIP COVINGTON, KY 41011

TITLE ☐ Change ☐ Addition
NAME 600027768906
STREET ADDRESS 01/29/04--01024--026 **158.75
CITY-ST-ZIP

TITLE DIR ☐ Delete
NAME NOLAN, PAUL F CPA
STREET ADDRESS 11595 KELLY ROAD, SUITE 119
CITY-ST-ZIP FORT MYERS, FL 33908

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

TITLE DIR ☐ Delete
NAME BEANE, ALAN F
STREET ADDRESS 1036 BAYVIEW DRIVE, P.O. BOX 283
CITY-ST-ZIP SANIBEL, FL 33957

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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Document Number

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Business Entity Name

VOCATIONAL EVALUATION SERVICES, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address



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Document Number

N03000007004

Business Entity Name

VOCATIONAL EVALUATION SERVICES, INC.

FEI Number

331067761

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Principal Place of Business

Address

11595 KELLY ROAD

Suite, Apt. #, etc.

SUITE 211

City, State

FORT MYERS

FL

Zip Code & Country

33908

Mailing Address

Address

11595 KELLY ROAD

Suite, Apt. #, etc.

SUITE 211

City, State

FORT MYERS

FL

Zip Code & Country

33908

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

NOLAN

PAUL

F

CPA

-or- RA Business Name

Address

11595 KELLY ROAD

Suite, Apt. #, etc.

SUITE 119

City, State

FORT MYERS

FL

Zip Code & Country

33908

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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City, State	<input type="text" value="SANIBEL"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="33957"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>

List more than six Officers/Directors **No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue Reset

Start Over

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