

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90119 027 ***150.00

DOCUMENT # P00000080877

1. Entity Name

CAREERLINK, INC.

Principal Place of Business

**501 KNIGHTS RUN AVE #2124
TAMPA FL 33602**

Mailing Address

**501 KNIGHTS RUN AVE #2124
TAMPA FL 33602**

00023075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3225 S. MACDILL AVE

3225 S. MACDILL AVE

Suite, Apt., etc.

Suite, Apt., etc.

129319

129319

City & State

City & State

TAMPA, FL

TAMPA FL

4. FEI Number

59-3666268

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

**PERKINS, M. KELLY
501 KNIGHTS RUN AVE #2124
TAMPA FL 33602**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/5/01
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, 2001 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** ☐ Delete
NAME **PERKINS, M. KELLY**
STREET ADDRESS **501 KNIGHTS RUN AVE #2124**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **WILLIAM YACONA**
STREET ADDRESS **1319 W. HILLS #8B**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☐ Change ☒ Addition
NAME **JOHN WAGNER**
STREET ADDRESS **2710 BELLE CHANCE CR.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/01
Date

8132589360
Daytime Phone #

CR2E034 (10/00)