

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90235 045 ***158.75

DOCUMENT # P01000007064

1. Entity Name
CARIBBEAN PROFESSIONAL EXCHANGE, INC.



Principal Place of Business
**320 ZEAGLER DR., STE. 1
PALATKA FL 32177**

Mailing Address
**320 ZEAGLER DR., STE. 1
PALATKA FL 32177**

2. Principal Place of Business

3. Mailing Address

P. O. Box 353593

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Coast, FL 32135

4. FEI Number

59-3700650

Applied For

Not Applicable

Zip

Country

Zip

32135

Country

U.S.A.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARLES, GLENWOOD A
320 ZEAGLER DR., STE. 1
PALATKA FL 32177**

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 **P** ☐ Delete
NAME **CHARLES, GLENWOOD A**
STREET ADDRESS **320 ZEAGLER DR STE 1**
CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **ST** ☐ Delete
NAME **JONES, ALBERTO**
STREET ADDRESS **1 BLACKFOOT COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Alberto Jones, Secretary

02/10/03

Date

Daytime Phone #

CR2E034 (10/02)